

11-FEB-C-1

OUR RELOCATING WITH A SMALLER TEAM AS WE MOVE TO PIBOR, HEADQUARTERS OF THE MURLE

11-FEB-C-1 Index to the Murle Peace Initiative to PiBOR on our surgical peace mission

2 Departing Werkok/Bor, mis-givings on security aside, as our team drops off three of our members and flies forward with our Sudanese assistants to have the “ownership” of our peace overture be an all-indigenous and ongoing constructive development

3 Our full day in PiBOR with the Murle in our clinical review of their problems and attempts to address them in half a thousand outpatients “under a tree” in our “mobile clinic” trying to stay in the neme tree’s shade, and then set up a surgical suite in our sleeping quarters

4 The night of the “Waymool” as Sahara winds blow down and dessicate all moisture, then turn and rain on the pan roof; we had an evening of scorpion stomping at our door, and a stroll with Rev Oruzu in talking of the transformation efforts to teach agronomy to pastoralists to reduce violence and improve nutrition

5 Another overfull day in PiBOR begins with our visit to the PiBOR church where we are introduced by the first Murle to have ever visited America, and behind us sits an elder in the community church who is the first person to have ever been operated in PiBOR, with a thousand people who had been treated in our clinic under the trees, as the Sunday School does their stylized dance song and we adjourn to a burgeoning clinic under the trees to return to operate on still bigger cases under flawless spinal anesthesia before evening under a full moon

11-FEB-D-5

AN EARLY START ON A LONGER WAIT IN YAMBIO AT THE NAIVASHA HOTEL WITH THE GOVERNOR OF WEST EQUATORIA AT BREAKFAST, AS WE AWAIT THE UDPF AND A FLIGHT TO OBO WHERE WE HOPE TO END UP AFTER OUR THREE DAY WAIT TO GET INTO CAR AS JON WAITS WITH THE CARAVAN TO JOIN US WHEN PERMITS CLEAR

February 24, 2011

It is fairly far into the week of what we had hoped to be two sites of work in CAR as we left PiBor on Monday and it is already Thursday as we have migrated slowly toward the CAR which has been our target for the patients with whom our CO-trainee Ambroise is waiting in Obo. Last night, there was the connection finally made to Ron Miller who was in a “Security ‘Close’” for the last three days we had tried to reach him. I am familiar with this system as I was in the “Close” for a week at Massachusetts at MITRE when the Director Of National Intelligence had a month of conferencing with me there. I heard that he was simply making the phone call to the UDPF command in Kampala which ordered us to be taken on the MER-8 Soviet era chopper to Obo as soon as it flies, which I now learn will be this afternoon.

That still leaves unresolved the matter of the airplane, with Jon Hildebrandt on the ground with the aircraft, which is both secure and also without fees since it is in a military base at Nzara, where the UDPF has now an even greater reason to cooperate with us, beyond Isaac Mwira’s personal inclination. If orders from HQ were not enough, we had also invited them to come to us at the Naivasha Hotel last night. I was not out and about when they did so, since I was struggling with the laptop that had caused the entire product of my evening to go “poof”, which was then re-done in its entirety if not a cheerful repetition. They took full advantage of the open bar we had invited them to so that the amounts of Bell’s lager comes up to almost the same as our hotel stay in several rooms. But, they will be picking us up in the same military pickup trucks later toward noon, for the same high speed rush down the wash board roads.

I wandered about before anyone got out of bed and saw the usual scene of African women bending over at more than 90° from the waist, sweeping out the dust of their compound with a short broom made of a bundle of twigs. I just thought that it most closely resembles the broom that is the ‘motorbike equivalent’ for Harry Potter as the twin grandsons are riding it around the house in their “stupefying” contests they have absorbed from the Harry Potter DVD. As I watch them in their classic African body form—e. g. our waitress Remy has the steatopygia

and breast accumulations of body fat leaving the rest of her lean frame free of any insulating body fat so that they can tolerate the high temperature baking that occurs each day at this time in the tropical dry season. The people here are adapted to this environment.

And in Yambio at 686 meters elevation, there is also a bit of relief despite the 4th North latitude making us as close to Equatorial as we can get in a state named West Equatoria. We will not have the advantage of that bit of altitude when we arrive in Obo where it will be beastly hot from the moment of our arrival at a lower altitude in the same Equatorial climate. There are big trees in an amazing variety around me including very big and impressive mangoes. The mangoes are seen to be in two halves, since this is a “monoecious” tree—that is, both sexes are living “in the same house.” The female side of the tree may be in full flower as the male side of the tree is dormant, since they are out of phase so as not to self-fertilize. So the big trees are abundant in their species and varieties, but even the common mangoes are in different phases of their reproductive cycle, a perpetual harvest time of fruit bearing on the Equator. There are very big hardwood trees which have been felled and are lying here, unrotted for perhaps decades. In our prior locations, they would have been set afire and smothered with sand to produce charcoal, but here it seems they are just giant cadavers to be worked around, and have not been “mined” for any “value added” economic yield, perhaps because people are using the firewood in greater abundance here and have not made charcoal for export as they live in a rainforest.

We “broke bread with the Governors” this morning. The only other guests in the Naivashu Hotel are the “Big Men” I had referred to in Feb-D-4—i. e. the corpulent elders who are wearing suits and ties in his tropical heat who came in with their white SUV’s and A/C, and Czech-made SKS bearing security guards. This morning, they are again dressed in a full business suit as we are a ragtag team already hot in the tropical weight shorts and tee shirts. They are coming to breakfast as the only other ones to have had bread and jam and “chai” with a hardboiled egg which is our breakfast. It turns out that these are the two Governors of the two adjacent Equatoria states.

I congratulated their Excellences on a peaceful Referendum. I also did not envy their further progress through their day in full suit and tie as we are going to wait for our transport to Obo in CAR on the Soviet era MER-8, flown by our hosts, the Ugandan Air Force, to take us from Nzara, a conjoint military base inside the sovereign new state of GOSS funded by PAI, a State Department front for the US Army Africom to carry us into the sovereign state of CAR at Obo, no one’s idea of an international airport. In the sentence above, you may have detected that about six different transnational violations of norms of sovereignty have occurred in our plans for the day, while our aircraft the Kenyan registered Caravan 5-Y PAP is sitting in a military air base at Nzara since it does not have the official written invitation to make the short flight from here to Zemio—an eastern town in CAR which is not supposed to be the International entrepôts except for the AIM Air usual flights as a courtesy to Wendy Atkins for the development work she has been doing there. So, in our example, our team is being forwarded across ALL barriers of red tape and sovereignty since a common enemy has been identified—Joseph Kony and he

LRA. It is the marauding of that group which has created all the refugees from the Congo (the sovereign state of the DRC—Democratic Republic of the Congo) that has brought us here in a civilian NGO aircraft which must adhere to all the more usual restrictions on sovereign state boundaries, so that Jon Hildebrandt must hold off until the last meeting of the cabinet in Bangui, the CAR capital, has released the usual clearance for him to land the Caravan that should be carrying us in Zemio, into which he might arrive just I time to pick us up after finishing whatever truncated work load we can manage in Obo. Got all that?

AT UNWANTED AND UNUSUAL LEISURE IN YAMBIO, CAPTIAL OF WEST EQUATORIA, AWAITING INTERNATIONAL TRANSIT IN FULL KIT INTO OBO IN THE CAR, LEAVING OUR CARAVAN ON THE GROUND IN NZARA AS WE BOARD THE MER-8 SOVIET-STYLE BIG CHOPPER FOR OBO

I am going to see if I can forward this to you while we have the time to set up the B Gann outside the Naivashu Hotel and do not wish to send out signals from a similar waiting pattern at the military base and air field of eh Nzara hosting of our UDPF army. I hope you get the idea that we are more than ready to work, and that anything as small as a dependent clause in the paper work in faraway capitals can close down a fast forward mission who is otherwise ready to act swiftly and efficiently. But this is Africa, and we have already accomplished an amazing amount more than was reasonably expected, and unreasonably hoped for by those optimist's in Werkok and PiBor, so perhaps we have been due for a moment of "catch up" while circumstances decree our next moves, depending on distant connectivity. It is ironic that I can keep current with you best when little action is happening, and will have to curtail the reporting when the action is in fast forward mode, but I will be ready to take on that "good problem to have." Here's to an early and efficient CAR entry at Obo where we will have to "hit the ground running!"

11-FEB-C-3

**OUR FULL DAY IN PIBOR WITH THE MURLE IN OUR CLINICAL
REVIEW OF THEIR PROBLEMS AND ATTEMPTS TO ADDRESS THEM
IN HALF A THOUSAND OUTPATIENTS “UNDER A TREE” IN OUR
“MOBILE CLINIC” TRYING TO STAY IN THE NEME TREE’S SHADE,
AND THEN SET UP A SURGICAL SUITE IN OUR SLEEPING
QUARTERS**

February 19, 2011

We are doing it! And doing it well in wholesale quantities. As predicted, the hundreds of patients that had heard about us and were waiting at clinic on the Lily River bank were nearing a thousand colorful Murle patients in all their colorful cultural varieties and with a myriad of disease problems we treated as outpatients. These were the usual—Diarrhea, Acute Respiratory, Malaria (among the first killers) and DJD (Osteoarthritis) and GERD (GI distress from reflux or peptic ulcer) and scores of parasitic problems, including worms by the boatload, and an amazingly high incidence of STD’s which included Syphilis which is almost always undertreated. We worked hard and fast, often dragging the local team forward, with little incentive for efficiency since there will always be more patients and they will always leave a bunch behind at the end of each clinic day unseen.

Jowang Kaka Killitchaka is the County Medical Director of PiBor County (0904738270) He is the Clinical Officer I have been dealing with here who would cheerfully write out the correct prescription after we concur on the diagnosis, only to find the patient hanging around us, which is my signal that nothing we had just written is available here since they expect us to have all the meds that a WHO mobile clinic would have and we had packed mainly the surgical supplies to do a few demonstration cases and to try to teach a few of the locals how to handle surgical emergencies—MSF injunction against our letting anyone in on surgical secrets. It is a bit like the charade we had played at German Doctor’s Emergency Hospital in Kauda, where they pretended to call Germany and get an injunction against our operating since they said we had to remain indefinitely afterwards to follow up all such patient in the event some late complication developed. It was there that the retired doctor, who was very up to date in his devotionals, but pre-WWII in his medicine, had left the compound and left to even more retiring nurses who said repeatedly the mantra I most enjoy as a “self-fulfilling prophecy” There is really nothing we can do for these people.” We saw patients dying of tuberculosis in the huts

assembled there for inpatient care and asked what drug therapy they were on. “Oh, nothing, since we do not want to get involved in long term treatment of anything and we do not give out these drugs (which they had in their pharmacy stock.) In several simple cases that could have been treated as ambulatory outpatients, I asked if we might schedule them since we had an anesthetist and a surgical scrub team and me and a medical student—“Let’s go!” They returned to say “We called Germany---without a phone—and they said we cannot allow any operating here since they do not want to be liable for any results that may follow.” So, there really is nothing THEY can do for these patients –just like MSF which is “Not the MSF way.” So, there definitely IS something that WE can do for these people and I hope they just stand aside so we can get to it.

In the over five hundred patients screened today for treatment, almost all had some kind of illness that required deworming, anemia support, immunization, hygiene advice, and personal malaria protection like bednets—and most needed all of the above. A few had surgical problems and could be fixed if we had time enough for their care. SO, we selected a few. One woman had a large abdominal wall hernia sticking out like a protruding proboscis, and it was easily reducible and a “”Wowy Zowy “ case which would be spectacular as a demonstration and one we could fix.

A young woman with a massively distended abdomen has a single large mobile cyst which is probably ovarian—I would love to have carried the InterSon probe with us—but she could be relieved of this as I had once done in Old Fangak of a large solid ovarian tumor that weighed about as much as the residual patients after I resected it with the suture removal kits I had left over from Anne Arundel Medical Center when they went to disposable suture removal kits. I did her under spinal anesthesia in the year that John Sutter had gone with me as a senior GWU medical student and she was confronted as she lay awake in the Old Fangak jail which we used as our “OT” and we presented her her tumor as she stared wide-eyed on being relieved of this mass. Here is another young girl who is NOT pregnant and has what appears to be a triplet pregnancy that is very inconvenient for her. I have told her at first to get to MCH at Werkok where they might be able to do both Ultrasound and resection. But, if she is still there tomorrow at the clinic on the river bank, I will offer to do her here.

A young boy was brought to me hardly able to stand up and sweating profusely quivering with the rigors of malaria. In a minute, he was under the IV tree and getting an IV infusion of quinine for his malaria control.

A woman came to us with a tender abdominal mass and she probably has a walled off abscess. I am reluctant to operate on her since we have no “ICU Follow-Up” but we decided to keep her at the riverbank in the thatched tukul with rocephin (ceftriaxone) being infused IV. She would be a good immediate relief except that she might need prolonged treatment beyond our

being here and she is probably not one we can leave in the “gap” between us and the arrival of the team on February 26 who will look after our follow-up.

But among about twenty patients with hernias, I suggested a further “bridge to peace.” The people here need the kinds of drugs and equipment we have at Werkok, where the MCH is in the rural areas off any public transport and in their non-urban area of sparse population, the patient flow is very spotty. Here we are flooded. SO I suggested and Ajak agreed, we would get a truck load of these elective operations to be done and send them to MCH at that time we are there to conduct a surgical workshop and demonstration session with docs from Bor and Akobo and overcome the terror of the mystique of operation which has apparently held MSF and others in thrall.

We have seen the upmarket facilities of the MSF camp and we have also seen the large volume of patients we treated under a tree today on the Lily River with very primitive facilities and no fleet of MSF vehicles and planes and a staff from Nigeria Kenya and all over the world with less than we volunteers have to do. The exception of the Murle of PiBor and no other South Sudanese could be convinced to come to the heart of Murle country to keep this as a sustainable enterprise. Our only assistants were Murle and they have no other choice as to where they can be or where they can go to practice the healing arts except here with their people. So we are training the right group. It gives me pause to see that a number of our patients who have been coughing blood for a year or more and have night sweats and weight loss (one twelve year old girl insisted she was “shrinking”) we have no anti-Tb drugs. We are told to refer them to MSF for DOTs MDT (Directly Observed Therapy of Multi Drug Treatment.) Why should the one most sustainable and long term program be the one exception to the general rule we have encountered to date? These patients are at the peak of their infectivity, and have been walking around with such florid and obvious Tb that there certainly cannot be much of a surveillance community outreach program.

Further, a lot of the men had STD’s represented by a drip or painful urination and even more women had PID (pelvis inflammatory disease) from STD’s a few of whom had ulcerative genital lesions—[probable syphilis which is prominent here as well as the gonococcal disease is endemic. So, this social disease which is the pattern of epidemiologic care is the kind that should be picked up by some kind of public health care community social medicine program which is the alleged strong suit for which acute care is foregone, such as injury or illness or obstetric disasters which they essentially write off. It means that health care, to my view on the river bank in a couple of days seeing nearly a thousand patients by now—does not exist in PiBor. It needs more than redevelopment; it needs a startup from a zero base.

**SUSTAINABILITY: FROM SIMPLE BEGININGS, A MASS CLINIC
“UNDER A TREE N THE RIVER LILLY BANK” AND AN ELECTIVE**

**OPERATION UNDER SPINAL ANESTHESIA IN OUR SLEEPING
QUARTERS UNDER AIR COVER FROM BATS—THE VERY FIRST
OPERATION EVER DONE IN PIBOR, BLESSED BY REV ORUZU WHO
COMES TO THANK GOD FOR THIS EVENT**

I had an idea as I saw more and more young males with inguinal hernias that need repair. Everyone has been frightened to go to Bor, especially, the HQ of the Dinka Bor. But Werkok is outside Bor even if inside the Dinka Bor country. It is a six hour road trip to Werkok, and the representatives here are the leaders of our group—Dr. Ajak, a Dinka Bor from the MCH as its Medical Director, and Jacob Gai who is the administrator of the MCH. The both of them are the ones designated to assume responsibility for distribution of the resources and the training from our program and the container just delivered. We have already encountered several drugs they do not have here which are available in abundance in MCH and we contacted Jon Hildebrandt and MCK so that when he comes up on Monday he will carry in a list of six drugs we had called down to them. Some are available here, but like the “Source” bottled water we have just purchased, the cost is tenfold since the transport from Bor is added—four cases of half liter water bottles cost us \$58.00 US in the market today, possibly since a crew of white men came along with Moses and Juono to pick it up. But the Benzyl Penicillin and the single best agent to be used for syphilis—an IM dose monthly for three months, sells here for over ten dollars per dose whereas it is two dollars for the whole course at Werkok. So we can make available those agents they need and do not have, as well as furnish those drugs they have ordered and have never been delivered or got siphoned off into the market, or those which even if they have are prohibitively marked up to usurious levels.

Juono told us that at least twice a year someone dies here at PiBor because they are taking some medicines that are unknown, in the wrong dose and are not marked as they are “fallen from a truck: and placed on sale at the riverside market. The consequences for those who do not die is not known except that a lot of money, drug sensitivity, and lifesaving function is lost annually because of completely unrestricted drug sales—a commodity on the black market that commands a high markup.

Further, we identified a half dozen patients who have fixable problems, and rural MCH has good resources and few patients, whereas here we have lots of patients and NO resources for virtually half of the diseases we encountered. So, we named six patients from today alone who can go to MCH for an elective operation, along with the two people who are going to be trained with us here in the first operations done here in PiBor—essentially in the “Clinic Under a Tree-equivalent”—our Operating Room in our sleeping quarters with bats flying air cover—a historic operation that is first in PiBor history—down the path from an equipped and staffed hospital run by an international organization that prides itself on having got the Noble Prize. We are making history here, but not a terminal history since “Elijah “is assisting us and will be carrying on after

we are gone. And he will be trained as he will be on the truck that will go down to Werkok with the half dozen patients both for their security and for training purposes since he will participate in their care and join in the tutorials at MCH and then come back with them in the truck which will also be loaded with the equipment we have promised and the apportionment that our Leaders Ajak and Jacob will guarantee.

I saw one patient today “under the tree”—she was Rev. Oruzu’s sister. She was treated well and swiftly with all the rest. We also had what is probably the best “front row seat” in the drama of every patient’s personal drama of quiet desperation. In all their tribal fiery they came and sat in front of me. I had tried to take photos from a distance, but it turned out that it was only facial close-ups and the pointillism of their facial markings as beauty marks and their elaborate headdresses and ear rings and necklaces all of which were on display when they were walking through town. But when they opened up in telling their story about how many pains and sufferings they had, it was a complete absorption and were unaware that they were on film right in my face. It is the G B Shaw quote I have on a slide: “The people of this world put on a Great Show; but only the doctors have a front row seat!”

And, now, we have come back to the sleeping quarters where the patients cannot pursue us at SALT “Serving and Learning Together”. We carried one of them with us. A strapping young man who was told he needed to sell four cows to purchase a passage to Juba to get his hernia repaired. We brought him in and “a la Ephraim MacDowell” had our kitchen table converted to an operating table and spread out our instruments on the bed we would not be using again tonight except that we are moving him in with us since he has a spiral anesthetic and will not be walking home nor getting up to pee. We had him pee in order to get the bladder empty for the liter of fluid we infused to give him a route for analgesia if the spinal anesthetic was inadequate. In a single pass on his first ever spinal anesthesia attempt got spinal fluid return so he is a confirmed one hot one kill Special Forces jump man. Then with Dir. Ajak helping Zach a Sacramento firemen and teaching Elijah with Josh serving as anesthesiologist, we had a smooth and easy operation done as a complete success. This was the first ever operation ever carried out in PiBor. Rev Oruzu came in and praised God saying he had never expected to live to see it, and this was the response to many prayers and the fulfillment of the promise of the Peace initiative Contract with all the chiefs and the commissioner and all the peoples of the Murle who have been near desperate for the health care and equipment (a second order gift, to be coming back with the post-op patients to be fixed in Werkok along with the two trainees who will accompany them to be able to carry back the skills—the first priority of the Mission to heal her on this site.

The local pastor came by to offer a prayer that this first success may be the first of many to come and that the effort so well begun might not be derailed by any of the naysayers. These can be petty as in the tribal rivalries so far held at bay, or they can be official as in the MSF embargo on any definitive health care initiatives to redevelop her at PiBor. Rev Oruzu was the first Murle ever to visit the US. He is the one from the meeting in Louisville to Grand Rapids to

our last year's meeting in PiBor to make all the promises this trip fulfills. He is overjoyed and is assembling the chiefs and commissioner to let them know of the progress based in their pledges of nonviolence. He is going to conduct a service tomorrow in his churches and tell them all of our services here which will result in a still larger number of "patients under a tree" and a greater number for our surgical services here and the filling up of the truck load to Werkok to come back with further promises of the peace bonus. On Monday when Jon Hildebrandt arrives, the Murle representative that Ajak had met in Bor will be handing over the money that was the government's "peace bonus" for following up on the peace initiative we had brokered last year.

Peace in Our Time is an epigrammatic phrase that is often derided in hindsight, but, for now, PiBor is riding high on our "burgeoning "Clinic under the Trees" and our Operating Room in ours sleeping quarters." To echo Rev Oruzu—Praise God!

11-FEB-C-4

THE NIGHT OF THE “WAYMOOL” AS SAHARA WINDS BLOW DOWN AND DESSICATE ALL MOISTURE, THEN TURN AND RAIN ON THE PAN ROOF; WE HAD AN EVENING OF SCORPION STOMPING AT OUR DOOR, AND A STROLL WITH REV ORUZU IN TALKING OF THE TRANSFORMATION EFFORTS TO TEACH AGRONOMY TO PASTORALISTS TO REDUCE VIOLENCE AND IMPROVE NUTRITION

FEBRUARY 20, 2011

I have tried to get up as the roosters were crowing, and had hoped to take a short run along the road on which SALT is located (The Center for Serving and learning Together). This road goes to Akobo, which is much closer than Bor which is eight hours by road away and through the lands of the hostile Dinka Bor. It is closer still than Juba which is two days by road, ten days if one is driving cattle to be sold there to finance the trip. It also goes through the land of hostile eastern Jonglei Dinka, and a few Nuers. In fact, in any direction, there are groups with which the Murle have picked fights and continue to do so, so they are landlocked with no major town or markets. They have less reluctance to go to Akobo since it is near the Ethiopian border—the escape route a number of them have taken to get out of the area as almost all of the Lost Boys did who were taken to Cuba, meaning Ajak and all the Lost Boy doctors. The Lily River here is only flowing until March and then it dries up so one can cross it right where we are watching the small boys using seine nets to catch fish without removing ones shoes. The Lily River, when it is flowing goes up to the Sobo River (the one filled with crocodiles which the Lost Boys had to cross to get to the refuge of the Ethiopia to establish their camps, and then cross back over with great carnage and loss of life when the Mengistu Government of Ethiopia fell and the new government of Ethiopia allied with the GOS turned on the camps of refugees and enfiladed them. The Sobo River originates in Ethiopia and flows to join the White Nile at Malakal, the seat of the Upper Nile Province where we work at Old Fangak.

I got a chance to learn a little of the area and had mapped out a running route near sunset last evening when I tried also to clean up by dumping a bucket of water over my head as a “head shower.” As I waked into the slanting rays of the tropical sun, Rev. Oruzu saw me in my walk and came to join me. He pointed out the cleared land around SALT, and a number of SALT partners had joined in trying to educate the population, particularly a group resettled in huts nearby for a conflict zone in which the Murle were over-run by opposing Dinka and Nuer in a 2009 massacre in a nearby village called Goma-(hyphenated with a name I do not recognize.) Rev Oruzu and I concur on one thing—he is awaiting the day when there are no more cattle in all

of Jonglei State which have done nothing but contribute to the violence and rustling raids among tribes. He is convinced as am I that there is no economic value to the cattle except as currency and as pawns in the struggle of armed completion which was always present in raids as a mark of manhood with spears and prizes ranged from cattle to brides for the opposing tribes. But in the last twenty eight years when automatic weapons have flooded the countryside, every such rid is no longer like a high school football game rivalry, but leads to high body counts in deadly civil war. He says if only the people would recognize that the ground beneath their feet, the fabled floodplain of the Nile, were not denuded by over grazing from cattle and polluted by a veneer of cattle feces which gives a high death rate for children and adults, the people could grow almost anything. “The only thing that would not sprout here in the Nile flood plain are Bones and Stones.” Nonetheless, it is like the settled farmers of the Wild West in the USA versus the pastoralists, a contest never resolved until the invention of barbed wire—and made intense by the inventions of Joseph Colt.

So, there are plots of ground nearby here in which locals are learning agronomy. Since they are so landlocked, there is a big market and people go wild if somehow some fresh mangoes came to the area. But that is not happening often and if a group decided to import fresh vegetables from say, Juba, they would all be rotted by the time of arrival. Besides, the Murle here are so poor because all of their investment is in the economic drones of cattle, they could not buy it. They are reluctant to swap out their cattle, their visible symbol of wealth and prowess in the pecking order. They are trapped by their own mindset.

Adjacent are stands of acacia trees. “Gum Arabica” is the resin that can be harvested from acacia trees and the resin itself is starvation forage for the people—they can eat it when nothing else is available. If they could cultivate some crops in the four feet deep Nile River sediment from annual flooding they could get better nutrition and would take only a lesson in irrigation and tilling. This are floods to well over the knees each year for six months. “Even if you wore gumboots, it would be over the top, and if you did wear them they would be sucked off your feet at every step.” So people go barefoot in the mud—with consequences in trauma from the unseen junk beneath the mud and the hookworms and other helminths that live for his transmissible moment in their own epidemiologic cycle.

Rev. Oruzu knew that I had corresponded with the seminarian intern of the Presbyterian Church Bill Andrus at Akobo since Marguerite Schandebare had linked us up, but that Michael Puitt had also hoped to come to our sessions in MCH to get his own CME with his classmates from Edmonton, such as Ajak. I will go up to Akobo on the next trip, but it is a good thing I am not there on this trip since it is shut down at the time we would have gone by the violence between Nuer and Murle . Now it is possible to go there for this moment since these raids come and go with frequency and everyone is alarmed at the most recent violence and then forgets about them and goes back to the hard scrabble task of subsistence. All of the chiefs know that I am here and everyone is aware that we have even operated. I gave the packet of the Mission to

Heal Whistles to Rev Oruzu who will see the chiefs and the commissioner who are STILL sporting my Mission to Heal Bracelets from my last visit when they were supplied by Julie Cavallo. Now, through marguerite Schondebare, the chiefs have a lanyard around their neck with the same "Mission to Heal" logo on the whistle that came along with her story. They are still in a glow of disbelief that the promise has been kept and the at the redevelopment of the health care system here seems as a work in progress they do not want to jeopardize in any way with any violence.

Rev. Oruzu is the first Murle to have ever visited the USA.

As we walked we came to the one institution that had been set up here by the IRC (International Red Cross.) Would you believe? It is a veterinary station for the treatment of the cattle---a priority ahead of health care for the people suffering in this area who chose to treat their cattle first! **I wish we could opinion all cattle here the way a viral infection was introduced into the pest of rabbits in Australia to clear out these vermin!**

As the sun set, we came back to the sleeping quarters and furnished our post op patient with food and water and helped him outside to pee as the motion returned to his lower extremities after the spinal anesthetic wore off. He cannot stop smiling and shaking hands and thanking everyone. We walked along the door side of the SALT sleeping quarters where I had once had the reception with 78 sub prefecture chiefs, two paramount chiefs and the District Commissioner, and now have our sleeping quarters which we have modified into our OR. There are fissures in the earth that is hard and cracked. Our light picks out small black insect looking creatures which shrink into small slugs when alarmed. But if one disturbs them they blossom out into full-fledged stingers and advanced claws—Scorpio!

We spotted as many as twenty scurrying scorpions which would dive not the fissures to escape our stomping running shoes so we did not reduce the population of them very much anymore that we have eradicated any cattle! Vermin both!

I went to bed as the generator was still running leaving the laptop hooked up to get the charge restored back after the spellcheck I had run on the Feb-C-3 last night to send out from PiBor through the B-Gann uplink. I thought about the laptop later as it was open and the winds picked up. It was stultifyingly hot, and I hoped to get some relief, but the wind was hotter than the still air in the room. It got to be ferocious at times with the plastic water bottles we had not refilled with our pump and sterilizing UV stick were blowing around the yard like bowling pins. A few branches were hitting the pan roof like the downfalls which I am sure are accumulating at Derwood from the winter tree downfalls. It was getting to be ten o'clock and I was hot and awake. I had drunk, like all the rest of us at my encouragement, as many as four liters during the course of the day, and it is odd that none of us have gone out to pee. So, we are desiccating in this Saharan sandstorm "the Waymool."

Then it hit. First it seemed like a few more twigs had fallen to the roof, then a patter that was gentle. Then at about eleven o'clock, the rain started as a thunder of tattoos on the pan roof as all of us were awake and listened up. Our patient was asking if he could go outside—he was the ONLY one who needed to pee since he had the advantage of IV liters of fluid in the course of his operation whereas we were all content to listen to the thundering chorus on the roof of the corrugated iron. It was over very quickly, this bizarre rainstorm in the sand swirling Saharan Waymool, and the ground was pocked but not wet since the humidity here must be around 4%, so it almost immediately evaporates on contact with the ground. I imagined what would be the case six months from now when such rainstorms continue all day on a saturated floodplain of the Lily river, adding more soil to the ground in the equatorial tropics—an exception to the usual rule that there are no equatorial soils from the half year of baking and a half year of eluting dissolution. It is a weird night. It is in a weird land. The people are maladapted to a way of life that is the only one they know and it is limiting them in their fertility and their mortality from violence. The freak rainstorm that followed the Waymool might be a wakeup call to remind them there is a chance at an agronomy that might more peacefully support them. But pride is a persistent lesion that holds them up as well as gives them a demonstrable cultural uniqueness. It is a kind of stubborn pride to celebrate the uniqueness of a contingent group of people—a final Last Hurrah. Without a transformational change they will not last another generation.

I am now packing up to go off to clinic to see the scores of women who will be coming to complain of infertility—and their cattle they believe will rescue them from it rather than being intimately associated with the cause of this social catastrophe. I believe there may be something we can learn from them about our own consumptive non-sustainable life styles.

11-FEB-C-5

ANOTHER OVERFULL DAY IN PIBOR BEGINS WITH OUR VISIT TO THE PIBOR CHURCH WHERE WE ARE INTRODUCED BY THE FIRST MURLE TO HAVE EVER VISITED AMERICA, AND BEHIND US SITS AN ELDER IN THE COMMUNITY CHURCH WHO IS THE FIRST PERSON TO HAVE EVER BEEN OPERATED IN PIBOR, WITH A THOUSAND PEOPLE WHO HAD BEEN TREATED IN OUR CLINIC UNDER THE TREES, AS THE SUNDAY SCHOOL DOES THEIR STYLIZED DANCE SONG AND WE ADJOURN TO A BURGEONING CLINIC UNDER THE TREES TO RETURN TO OPERATE ON STILL BIGGER CASES UNDER FLAWLESS SPINAL ANESTHESIA BEFORE EVENING UNDER A FULL MOON

FEBRUARY 20, 2011

We had another full day of outpatient in the “clinic under a tree” and concluded with an afternoon of our “OR in our sleeping quarters.” We had a start with the visit to the church, as we were dressed down to do our clinic duties in the hot sun. We came in to sit in the church at the back of the packed mud earthen church but they would not hear of that. We were invited in typical African fashion to the front of the church and sat at the platform next to the choir and the elders and the pastor at the fore. Overhead were what looked like leftover New Year’s Eve celebration party favors, including tinsel wreathes and a few glittering wall hangings. We sat near Pastor David who had come to visit me in Clinic yesterday getting treatment for his eyes. Btu today he was sporting a black suit and tie as the local Pastor. Since Rev Oruzu was the overall Bishop of the area, he was the one to do the introductions especially since he was the first Murle ever to visit America, and he pointed out that the whole area was Christian which started with the American missionaries on the station on the other side of the river. I had attended that beautiful site for a mission station, with the “hospital” in ruins and the old outpatient clinic being used as a small church for those people who cannot get across the river to PiBor during the rainy seasons. The magnificent mission home, is roofless, and has smoky fires of the cooking that many of the women had clustered around to do as we were walking through. It had looked like a warm and welcoming home high up on the bluff overlooking the Lily River, where Sandy Bixel was born. Her father was the doctor after whom the mission station is now named—in ruins. Sandy Bixel is the wife of the engineer who had asked me pointed questions about what I was doing in trying to take over PCC Sudan before he was convinced that I am not a big organization that funds me generously to claim other people’s effort s and that I was genuinely trying to help the people of this field and then get myself worked out of this job. Sandy Bixel and her husband are now members of the PCC Sudan board, and whose dearest wish is to see the hospital their

father had built re-built. That was much of the theme of today's session in church interrupted often by applause, as a potential pair of rival Dinka were there to say they were brothers trying to help them. I said that in heaven there would be no Murle and there would be no Dinka and there would be no Americans but we would all be brothers and sisters and we might try to get started in this here in this church right now. We pointed out that I had been here last year when the chiefs and commissioner pledged non-violence and as a condition of that they might have their health care redeveloped—and here was a pledge on that delivered through the leadership of Rev. Oruzu, and Ajak and Jacob who would see that the materials we had promised to redevelop their hospital were delivered along with the patients we said we would care for in Werkok in an exchange that would bring back to them the supplies that Ajak and Jacob here present would be guaranteeing for them.

They applauded my speech and that of Ajak and then we were excused to go on to our clinic responsibilities. We drove up for the “quick hour of seeing follow-up patients: to see more than were present yesterday. It is likely that it will continue to swell even more, as there is no more sustainable demand that free health care at the point of servicing and these people have all realized that their neighbors have been treated and came home with medicines and a few with promises of operations. They all seem to know about the successful operation on the elder of the church who sat at the front with a fresh hernia operation after having spent the night with us and having been guided out into the wind of the Waymool and the spattering of the unusual rain on the roof. He had a full liter of IV fluid, but we were all sucking down fluids including the abundant water we had pumped and U/V sterilized, and still now one here has had any bowel or bladder action. We are putting out liters of fluid from our skins.

I could not get the teams to get into gear. Our own members would get up abandoning their station and that would shut down everything. If they got together and talk as if they were in a coffee Klotz, two stations would shut down and others would come over to see what they were talking about. All this leisure is in the face of five hundred patients waiting in the sun and more coming each moment. They would never get out of this clinic by dark quite apart from the fact that we had scheduled three bigger OR cases back at SALT. But that did not seem to bother any of the team who were poking along and did not even get started until after an hour into the morning and then would re-see those patients I had already seen and resolved. The maddening part of this is I had to drag a sea anchor since my “translator” had little grasp of the language but much less of medicine. He would hand me the paper to ask me to fill out all the diagnosis and treatment even the patient's name which would be unintelligible to me. I made the mistake of asking him what this sounded like and he could not recognize malaria or STD's and PID after thirty consecutive cases of it. Now spell that M A L A R I A. Every time, every patient. Repeating every diagnosis and prescription in detail four or six times over for each since I refused to write down the Rx and run the clinic—“Where will I be tomorrow and where will you be and how much better off for my visit if you do not begin to recognize and manage these problems?

I got over a hundred patients run through and Zach and Josh stayed at their stations calling over to see if I could consult. But that meant the others would have over a hundred people sitting at their table in the rotating shade of the neme tree knowing full well they are getting “short”. If we do not see them today, it is unlikely they will be seen. And they were looking to add surgical cases when it was unlikely we would ever close down the clinic to get to those much bigger cases we had already booked. It did not seem to matter to those without a sense of time or urgency, or to the fellow who was still puzzled about why I did not just take over and write all scripts myself as he would ask five times running on the twentieth patient to receive the exact same therapy to spell Cotrimoxazole—and ask it to be repeated. So, I scratched him off my list of those in whom I will invest any time trying to have them take over when I am gone when they cannot handle it when I am here. Several others were helpful and we are taking Elijah back with us and training him up further in sterile technique. We saw two or three patients brought in acutely ill, and, of course, like all person at the roadside traffic accident, all rushed over to gawk and get in the way, stopping all other treatments going on for all other patients. Then, each one has to start all over from zero again.

It was maddening to get them to get into an efficient care system, and even worse to try to patiently repeat for at least the thirtieth time the treatment of STD PID’s on perhaps the sixth time for each including the spelling and dosage. Every patient once seen would recircle back into the queue to be re-seen, largely on the basis that they had a prescription but did not want to wait at the Pharmacy window for it to be filled since they could clearly see we had drug kits hanging from the wall behind us so why didn’t they just take them? It is hard to explain that those are saved for CAR and being cannibalized here as a last resort. SO our clinic was a high volume and largely a supreme test of patience in someone who is trying to indigenize the skills here which in some instances seem to be set on again becoming dependent as a colony of something we will be running as once had happened before all the wars that overran the country.

A woman was brought in to see me and laid down on the ground before me, but it is not possible to see someone in extremis with fifty people crushing around, and all the progress that had been made on those we had been treating in line was disrupted. So, there seems no sense of the value of time except that they do not want to be left behind—but they are fully convinced that they will be the LAST patient seen. After we are packed up and at the truck, I can never convince people to LEAVE and not hang around and kibbutz as still other patients come on the run to greet and meet and to say, “yes, but it is my brother with this little problem—the major operation that might be needed in the next minutes while you are awaiting at the truck

One woman was to have an epigastric hernia repaired, so we got her and the baby on her back to the truck. She announced that she was going to go to another relative and drop off the baby and that was her cue to exit stage right, never to reappear. We had a fellow with ganglion cysts on his wrist, so we got him to come along, and the big case of the day was the woman with the large ventral hernia with her transverse colon stuck outside her abdominal wall in it. I could

only partially reduce it. We brought her back and had a quick Power bar lunch and a liter of water and started in.

We freed up the large external sac with the transverse colon in it, and excised the sac and did a “pants over vest” two-layer closure of the abdominal wall defect. It was Zack’s turn to do the spinal anesthesia and it also turned out to be a near perfect spinal. SO, we did it efficiently and then had Josh in his Afghani turban close out—the first time in his life he did the closure of anything. He net worked on the ganglion cyst as we searched for the woman whose epigastric hernia had been very symptomatic and was very eager to have it repaired until it came time to get into the truck and come along with us. We still had a full afternoon of operating without her, so we got the operating as well as the clinic underway well this weekend without any lapse of promise on our side. So, it seems that the PiBor as well as the MCH experience has turned out even better than anticipated in advance, with all promises fulfilled and an entering into a sustainable and enduring support system likely to result, if they can continue to keep the peace.

We will gather in the full moon evening and discuss the “After Action Report” of this PiBor status but it seems we are going back to one final overflowing clinic tomorrow morning with the departure at about twelve thirty to start up the next phase in CAR. The packet of whistles is now distributed to the chiefs through Rev Oruzu, and they are the ones now saying “Mission To Heal Accomplished!”

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 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 eh 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 are 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 sewn 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 eh 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 eh 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 clink 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 Rv. 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 form 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 I 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 form 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!”