

## CHIMES ARTICLE

Dick Bennett

From May 30 to June 12, a medical mission team of fourteen St. James' members traveled to the village of Akot in South Sudan. Fearlessly led by Dana Corsello, the team included two doctors – Peter Wilbanks and Patrick Woodward; two nurses – Betsy Blair and Bobby Smith; our own musicians – Mark Whitmire and Chris Edwards; and other doers – Dick Bennett, Nancy Goodall, Suzanne Hall, Mike Lantz, Fran McDermott, Judy Philpott and Mary Kathryn Woodward.

The purpose of this mission was to support the work of the recently completed Akot Medical Clinic. This clinic was established by Mustard Seed International, a Southern Baptist group supporting medical clinics in unserved areas around the world. South Sudan was a particularly appropriate area, having been ravaged by decades of civil, revolutionary and tribal wars.

As the planning evolved this Spring, our mission became even more focused. A significant meningitis outbreak struck the area and vaccinations of at-risk groups were needed promptly. Poignantly, this was personalized when we learned of the death of the ten year old son of the clinic's cook. When we arrived, we found an infant in the clinic suffering from meningitis. Fortunately, after a series of seizures, this infant appeared on the road to recovery when we left. While this outbreak eased by the time we arrived, it will undoubtedly return with the next dry season.

In preparation for our arrival and supported by our missions committee and others, 10,000 vaccines were purchased by Mustard Seed. The real challenge was to administer vaccines to school children and prisoners who are particularly at risk because of close contact with many others. This challenge is heightened because there are no transportation systems in the area – virtually everyone walks. While the clinic had two trucks, there were few other vehicles in the area. The arrival of a motorized vehicle was an event everywhere we went.

During our stay, 4,500 vaccines were administered. The remainder will be used by other groups in the near future. Most team members learned to administer the vaccines. Overcoming my personal dislike of shots, I managed to vaccinate a group of prisoners at the local jail. Once you do a few, it becomes easy with a cooperative patient. The Dinka people, men especially, are

culturally disciplined to show no pain. Not a single prisoner had any reaction to this process administered by amateurs.

I left vaccinating the children to others and helped by holding the squirmy ones and attempting distraction. The visits to the schools were particularly meaningful. We knew for certain that lives were being saved from this devastating disease. One child named William will stick in my mind forever. After the shots were finished and we were loading our truck, this child handed me a letter he had prepared that day in school. In broken English, it greeted us and sought a "ball and cloth." I didn't have anything to give him and felt a sense of frustration as we drove off. All of us had similar experiences. We donated a large pile of our clothing for the local Anglican Church to distribute to the neediest locals.

In addition to inoculations, our medical people provided care in the clinics. This was highlighted by the birth of a child while we were there. Mary Kathryn realized a long-time dream by assisting the local midwife, and she was handed the newborn while the midwife attended to the mother. In Sudan, births are not considered a medical event and men are not present. If you need a lift, have Mary Kathryn describe this event.

During the week, we also staffed two day-long "bush clinics." A team of 12-14 ride an hour out into the bush to reach people who receive no medical care. The doctors and medical students see patients with the help of local interpreters, a pharmacy of basic drugs is available, malaria testing and wound care is provided, and meningitis vaccinations are given. On my bush clinic, we roped off an area under a magnificent grove of trees. Within minutes of arrival, a group of several hundred encircled us. After several hours of hard work, the clinic team took a break to feast on peanut butter and jelly on chiapatta bread. As I washed this treat down with my ever present water bottle, I gazed out at 300-400 people watching patiently as we ate. We returned to Akot that evening exhausted but satisfied that we had helped. On the second clinic, a team, including Dana, was rewarded by the villagers with a goat and several dead lungfish that had been lying in the sun for hours. The fish were given to the interpreters and the goat returned to the clinic in Dana's lap. It serenaded us to sleep that night.

There are too many highlights to describe in this space. Dana preached at the local Anglican church as cattle were driven a few yards away. Mark and Chris provided music at many events with a travel guitar, mandolin and magnificent voices. A celebration by the locals included day-long dancing, sacrifice of a bull, and a feast cooked over open fires. Our team

bonded and pulled together without fail under uncomfortable living conditions. We managed drop latrines, cold water showers, barracks style living and a diet largely consisting of beans and rice.

The heat was a significant factor with highs most days of 95-100 degrees. Lots of water was necessary to survive. Despite these conditions, there was little complaining, much laughter and a consistent and persistent sense of love among our group.