

The Sudan Medical Relief Project of Crosscurrents International Institute hopes that your holidays are filled with happy times and generosity brings you peace and joy.

A premature baby in Old Fangak.



^ A snake bite wound to the head.



Friendly faces.



^ Child receives a blood transfusion as part of treatment for severe malaria.

> See no evil, hear no evil, speak no evil on the construction site.

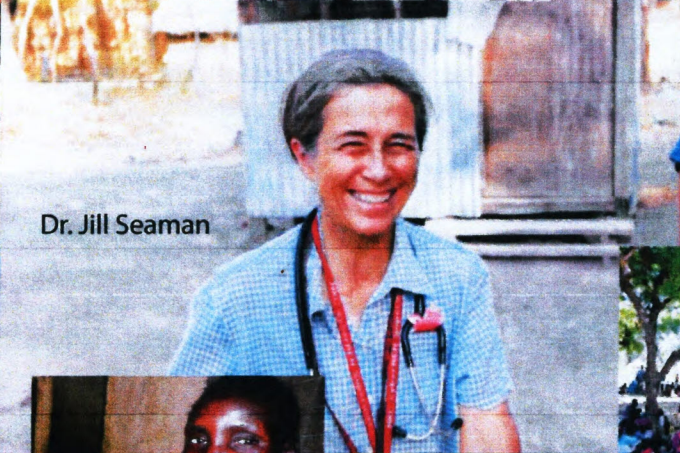


^ Traditional and modern construction methods raise buildings.

^ High-energy food comes into Old Fangak.



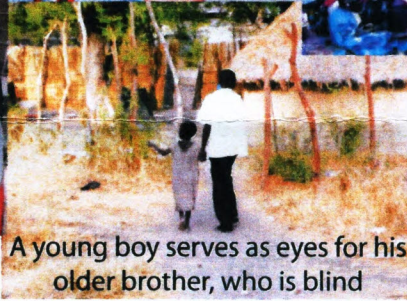
Dr. Jill Seaman



^ Before high-energy milk and TB treatment...



^ And the same child 6 days later.



A young boy serves as eyes for his older brother, who is blind



^ Kala azar clinics overflow, with half of South Sudan's cases being treated in Old Fangak

Your contributions bring hope, and save lives, on a daily basis. Thank you!
Checks can be made out to CCI (Crosscurrents International Institute) with
"Sudan" noted, and mailed to:

Crosscurrents International Institute
7122 Hardin-Wapak Road
Sidney, Ohio 45365

Donations can be made on our secure website www.sudanmedicalrelief.org.
Crosscurrents Federal Tax ID number is: 31-1037394
Correspondence to Gretchen Stone at gn.stone@yahoo.com.au

December 15, 2010
Old Fangak, South Sudan
Message from Dr. "Jill"

I wish I could write a coherent letter to all our friends and supporters. My computer crashed, which set me way behind. Also we have too much sadness this week. So I thought to just start writing what came to my mind - and was immediately interrupted.

Poor Jacob Gai - someone showed up at his compound, saying they had boxes for Dr. Jill - at 11 pm! It was the medicine that MSF had donated and World Health Organization had promised to deliver to us from Malakal. It is such a hard logistical task! The WHO had even given this man money to hire a speedboat (we are talking hundreds of dollars) and no one wanted the job! He arrived by a lumbering old metal trader boat... luckily, he did arrive - well, that is another story.

Last Friday night I went over to the kala azar admission table. On the ground, all curled up, was a burning hot little boy with jaundice. Oh my, I thought, we have to get him right into the so-called inpatient ward and start that high cost intravenous medicine AmBisome. Then I saw his mom - a woman much taller than I who weighs 70 pounds - also with kala azar. And then his little sister - with kwashiorkor (wet malnutrition) - puffed up and severely anemic. The dad brought them from far away. They'd gone to Ayod, where there was no medicine. Then they traveled many days to Old Fangak .

We started all 3 on AmBisome that night. The boy and girl shared a bed sans mattress. (We do not have enough mattresses.) Sat AM the boy was in hypoglycemic coma. Then again Sunday morning. On Sunday he was really doing poorly. We were transfusing him (blood from an Alaskan volunteer) and I hear the people in the ward calling out "ce pan" - she fell. And there was the poor malnourished mom on the floor. She had rolled away from her diarrhea and fell out of bed. Such a risk, having beds. She told us she hit her head. We picked her up and put her back in bed (yes, I cleaned it). Half an hour later, the boy looked better and the mom was eating. By afternoon, she was comatose and had blown pupils. She died that night. What a tragedy - to come so far and then die falling off a bed. All the beds I bought for the new building are lower - JUST because of this. What to do.

Alas the boy, still very jaundiced, started pooping blood clots. He got another transfusion but died anyway. Can you imagine? That poor man. The morning after the mom died, I came to the boy's bed and looked around in panic - where was the little sister?! The rest of the ward saw my face and said do not worry, we are looking after her while the father digs a grave for the mom... Indeed, they were caring for her. So nice.

The sister is doing well despite a blood count that is way too low. She is really a sweetheart. I so wonder what goes on in that little head. She just lost her mom and brother - and hears us talking about her - does she wonder if we are saying she is dying? or living?

On a brighter note--We had a surprise visit from Dr. Riek Machar, the South Sudanese vice president, today. I've actually known him for years, as he is from Ler where I first started in Sudan. He is the Nuer top commander - very smart and very charismatic - no pretensions - interested in what anyone wants to say to him.

It was wonderful to talk about kala azar to someone who knows the issues and asked such pertinent questions. I even mentioned that kala azar was a disease of poverty. I don't know any

other Sudanese official I could have had that discussion with. Riek decided we should establish a kala azar center in Old Fangak for research and education. My, my! I also got the chance to thank the new government. They not only sent supplies but also a bonus payment for the staff. The guys were really surprised, and more than grateful. They were proud of their new country, a country that recognized them for saving lives in their community. Now they want to send 50,000 mosquito nets to prevent kala azar. How will we distribute those???

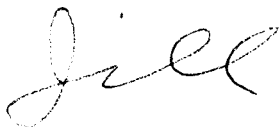
I am so passionate about supporting primary health care workers-- people who come from the bush and will work in the bush. The government of South Sudan talks about sending docs and clinical officers all over - yet those people do not want to stay in places like Old Fangak without much better housing and facilities. They mostly do not know the Nuer language, they are very expensive - and they don't always want to work the hours that you have to work to keep patients alive in Old Fangak.

I tell all the officials who come here on inspection tours that we do not need more supervisors; we need worker bees! And we need to pay the people who stay here enough money so they can feed their families. Support for health workers should be increased - workshops, salaries, regular visits and reliable supplies of meds - this is how to get health care access in remote areas.

Well, back to the clinic - and suddenly a boatload of church people arrived, singing - and guess what! They came from a village about 6 hours walk away - bearing milk and other food items for the kala azar patients in Old Fangak! So amazing. Looking out from clinic I see piles of posts - brought by the patients and the churches to help build temporary housing. Luckily Medair already built us 24 new latrines!

Hugs

Jill



Your support of the Sudan Medical Relief Fund (SMRF)—should be directed to Crosscurrents International Institute, a non-profit organization based in Ohio that generously volunteers their time to manage the donations and pay the bills for Sudan Medical Relief. All volunteers donate their time so 100% of your donations go directly to saving lives by purchasing medicines, supplies, transporting them in, and paying a very small salary to the national staff.

Checks should be made payable to CCII with SMR written on the lower line; then mailed to Crosscurrents, 7122 Hardin-Wapak Rd., Sidney, OH 45365. On-line contributions can be made at crosscurrentsinstitute.org. You can learn more about SMRF at www.sudanmedicalrelief.org You can learn more about Crosscurrents at: www.crosscurrentsinstitute.org All gifts will be greatly appreciated and carefully used.

Ann Evans, Volunteer Nurse Practitioner
Old Fangak, South Sudan
December 11, 2010

The days in Old Fangak go quickly, mornings filled with new admissions and testing for kala azar; the evenings filled with even more admissions. The patients keep coming—young, old and in between. The village has swelled far beyond last year's size. Now more than half of all kala azar being treated in Southern Sudan is being treated here in Old Fangak—truly amazing—500 come daily for treatment. Everything is complicated. Not enough shelter; food from the World Food Program is almost gone; the good well in the market is pumping slowly; women wait a long time to get water.

Two days of slow admissions hinted that the epidemic was waning; then late-night boats brought thirty new kala azar patients, a number of them quite ill. The weakest ones used walking sticks or were carried by family members. We admitted the jaundiced five-year old for IV Ambisome. He is really frail, even after two transfusions. We are down to 'just' 700 patients, each getting at least two injections a day. It is both financially and logistically challenging to keep the necessary volume of supplies in stock.

Jill asked me to get blankets for the four sickest admissions, the ones who would be inpatients overnight. But the inpatient worker said we needed six—the two snake-bitten men needed blankets too. There are never enough blankets. Their distribution calls for top-level decision-making. Hence Jill intervened. The snake-bite man lying on the wire frame without a mattress gets a blanket. The other snake-bite man has the luxury of a mattress, so no blanket for him.

Rationing blankets is one issue; rationing food is another. 'Food insecurity,' as it is called, is widespread. Many people just don't have enough to eat when they are healthy, let alone when they have a wasting illness like kala azar. Rats compete for our bags of grain and beans from the World Food Program. They even got into a couple packets of precious Plumpy Nut, the enriched peanut butter paste that brings skeletal kids back to life. I cut around the holes and give the bags to two skinny children. Rationing food is both a head and a heart ache.

Progress here is slow; but it happens often enough to keep hope alive. Every day it is something new, another wrinkle, another problem, or two, or three or a dozen to solve. Some are bigger and harder to solve than others. We need more Plumpy Nut and high-energy milk for the malnourished patients. The wish list includes a fence to keep the cows out; better solar power; racubas for desperately needed shelter; more blankets and mosquito nets; benches so patients don't sit for hours on the ground; the list of needs is long. A full night of sleep would help too; but not likely to happen here.

With the holidays almost here, I think of the shopping excesses that often mark the season. I certainly have much more than I need; I want for nothing. For years we've worked on 'unplugging the Christmas tree,' diminishing gifts to each other, shifting the focus outwards. Having become a supporter and an unabashed beggar for Jill's project, I heartily recommend donations to Sudan Medical Relief, and the practice of giving until it 'feels good.' May your holidays be filled with happy times with friends and family, and may your generosity bring you peace and joy.

Blessings to all and gratitude from Old Fangak, Ann

