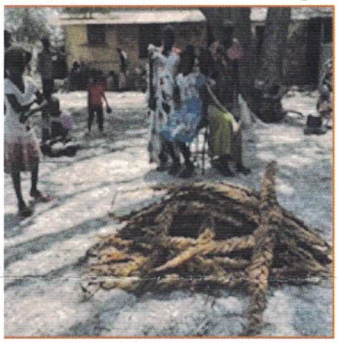
SOUTH SUDAN MEDICAL RELIEF

## Summer 2022
## SIGNS OF HOPE!

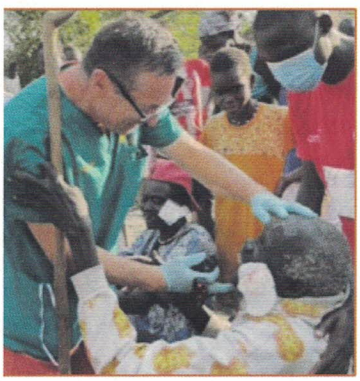
Up the Nile River and down the Po, this backhoe traveled by barge. The government of South Sudan sent it to help Old Fangak dig out from its two-year underwater burial. The backhoe was welcomed with singing, dancing and drumming. Look how easy it is to make a dike now! Compared to standing in water while you scoop up muck with a stick and hope that it will stay in place when you dump it on top of other wet muck. . . That backhoe provides an answer to flooding— at least for a while. People will be able to walk to work. Patients that live in town can come to clinic without wading treacherous rivers that used to be footpaths. Sewage will stop floating out of submerged latrines.



Along with the loss of cows (who can't graze with their heads under water) and the loss of cereal crops, an increase in fish population came as good news! We buy these braided strips of dried fish for patients to get some much-needed oil and protein.

Maize planted right on the TB compound by patients

Best of all, there are a few places high and dry enough to plant crops. After two years of relentlessly rising water, the river went down slightly this spring. It's a dicey gamble to plant, and hope that water will come in the form of intermittent rain, rather than flooding. If the farmers' luck holds, crops will grow in those higher spots and not be drowned.



Other signs of hope? Well, we had plans for an eye clinic in February 2020. By the end of January, patients were camped in Old Fangak, eagerly awaiting cataract surgery. And then came reports of that new strange virus. The eye team had flown in supplies for many hundreds of operations. Two weeks before their scheduled clinic, they cancelled. A few weeks later, the WHO declared a worldwide pandemic.

This year, well vaccinated, the eye team could return. They visited briefly in February. In only a few days they managed to do about 200 eye surgeries. Such joy for those who could see again!

And on their day off, they discussed ways to make this an ongoing program with the help of Rotary International, the Himalayan Cataract Project and Duke University. Big plans! We will keep you updated. In the meantime, our national staff does eyelid surgery to prevent blindness, and plans to welcome the team back next February!

Give little Chok a walker and the world is his to explore.

He made his way to the TB building for a hug from Jill!

### TUBERCULOSIS

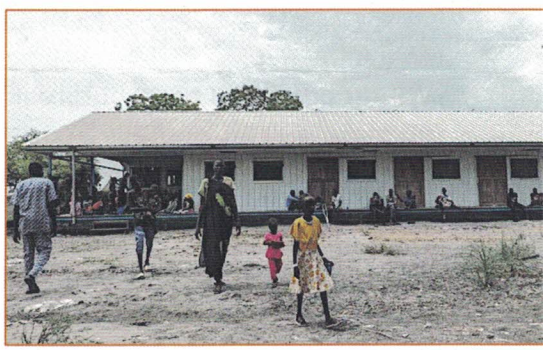
Our TB program treated 190 people this year, with 6 months daily observed pill taking. We treat them for all illnesses and malnutrition as well. The TB building, up on stilts, keeps both patients and supplies above water.

55% female

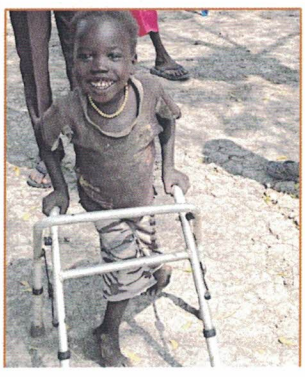
42% children

50% of the adults had the highly contagious pulmonary TB.

18% of all patients had spinal TB which causes spinal fractures that can result in paraplegia.



Our patients take morning anti - TB medications.
We pump the water out of our diked compound.
Three months later, patients planted gardens here!



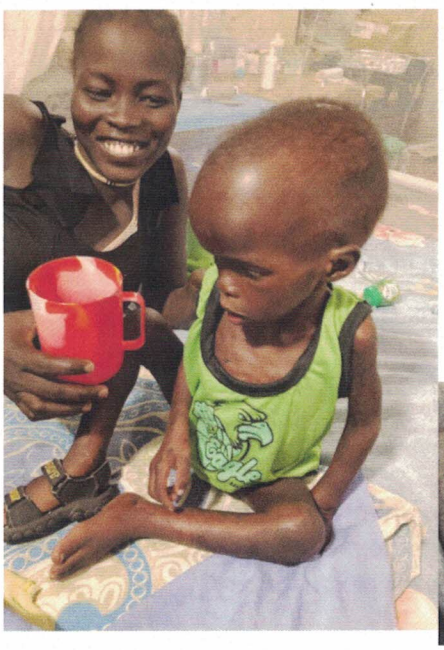
Look at that smile!

## THERAPEUTIC FEEDING

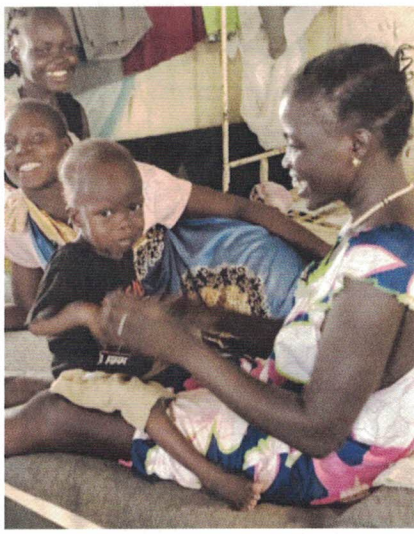
Relief work includes a complex array of nutrition programs. SSMR treats severe acute malnutrition (SAM) in people with TB, kala azar, HIV, and any other illnesses which exclude them from community-based nutrition programs. Unlike other programs, ours has no age limit. As you can imagine, the present food insecurity has driven our numbers way up. We sometimes have 70 or more patients who need plumpy nut – that 500 calorie ready-to-eat sachet that moms can just open and hand to their loved one. No need to even start a fire!

Traditional international nutrition programs treat those < 5 and pregnant women. SSMR's program also provides much needed nutritional support for those 5 and over.

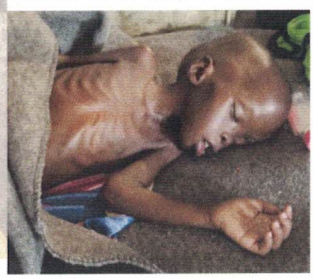
Our partner in Old Fangak, MSF, has what in the jargon is known as an inpatient therapeutic feeding program. It treats SAM patients under five with medical illnesses, and those under five who are too sick to eat. MSF staff stay awake all night to provide such care. Sometimes that means mixing high energy milk for patients every 3 hours. They monitor for low blood sugar and hypothermia, the silent killers in severely malnourished people.



One day two moms brought their kids with SAM to our inpatient unit. In MSF inpatient, those moms heard that their sick kids might need feeding tubes, so they slipped away in the night. A couple days later, the anxious moms and their babies were sitting on one of our beds in the SSMR inpatient.



Well, MSF provided us the high energy milk. We slowly got them to drink, and then on to plumpy nut. Our method? Bribery. A touch extra sugar the first day, and then we pull out smart phones. Film the kid with mom. Then show the video if the kid will eat! Nice partnership with moms, kids, MSF and us! Smiles all around. (He smiles too, once he gets hold of my phone!)

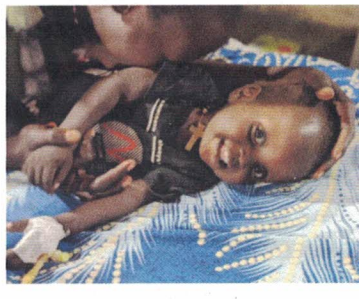


## MALARIA

Winter brought a small outbreak of malaria to Old Fangak. Last year, we had almost no malaria at all, perhaps a couple per month. Had floods drowned all the mosquito larvae?

Then this November, just as we thought the level of the water might be stabilizing, we were suddenly overwhelmed with malaria patients. People collapsed on any flat surface near health care. Some lay on the ground draped with blankets, others walked directly into the ward. So many vomiting febrile people! We never ran out of malaria meds, but sometimes we had the only stash in town!

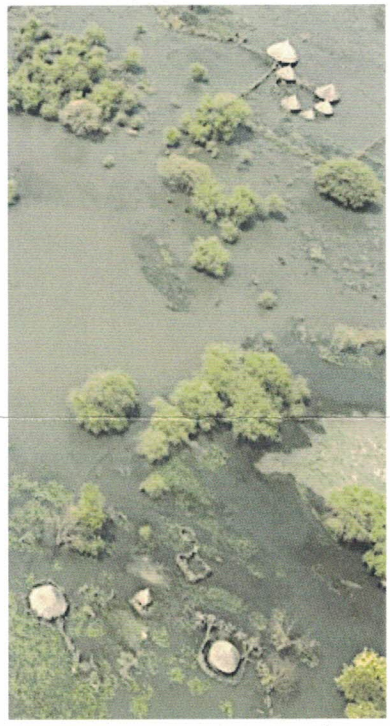
Of course, unresponsive people who had been carried in needed more extensive resuscitation. But the little kids vomiting everything were sometimes back on their feet after a brief course of IV fluids and malaria meds!



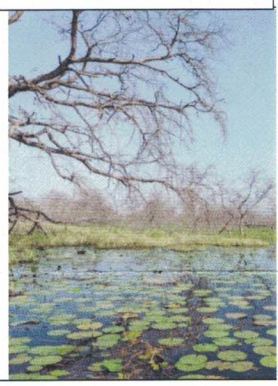
## WATER WATER EVERYWHERE!

The White Nile emerges from Lake Victoria, African's largest lake. Lake Victoria is fed mostly by rainfall on its vast surface. The lake reached its highest level yet in 2021 – and 2022. Resultant flooding displaced hundreds of thousands of people in Kenya and South Sudan.

Duol, a young boy, surveying the new reality of his home land.



Over the past century, many treaties have allocated the Nile's water to different countries. Then borders change, or a new country gains independence. Conflict over water rights ensues. Hydroelectric dams provide power and help control flooding, but they too become objects of contention between nations. Development on the shores of Lake Victoria made the land absorb less rainfall. As the water rose, papyrus mats growing on the shore become floating islands. They clogged dam intakes. The same thing happened in our own Po River (Bahr el Zeraf). Grass islands clogged our river upstream, blocking access from Juba and Uganda. The sun shone, while floodwaters rose higher.



Water lilies bloom where grass used to grow.

The cease fire in 2005 meant no more gun boats from the north patrolled our river Po. People moved back to the river bank. Women who had walked two hours to carry five gallons of water on their heads, could now scoop limitless quantities from the river. Old Fangak was then the only place in our whole area with a borehole for potable water. So we too moved to the river bank in Old Fangak, the former colonial center for the area.

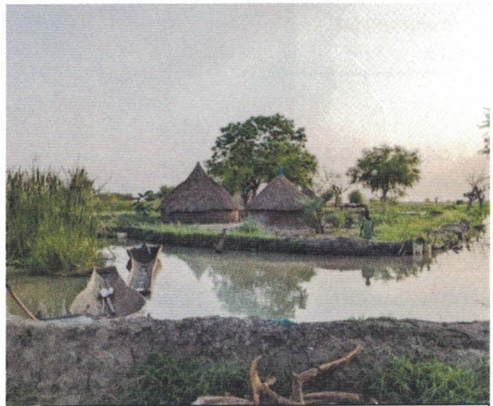
The walking path can be 3 feet deep in Old Fangak. These boys think its easier to paddle down the river.

Now, two years of record-breaking floods means no harvest, and drives away or drowns the cows. It clogs off access for goods, food, and people. WOW! What an introduction to climate change.

The World Food Program had to decrease the number of people it could feed due to lack of resources. Those still eligible for WFP food were cut from 2000 to 1300 calories per day. Your dollars help us buy life-saving supplementary fish and sorghum to boost their intake, giving them energy to heal.

Then fighting broke out in August, when one militia leader rebelled. The last open channel down the river was blocked by fighting. The WFP boat, long delayed, was stuck on the other side of that conflict. Wounded warriors swelled our patient population. Then the fighting stopped.

But in a place with so little reserve—food and medical supplies are already stretched beyond their limits—an outbreak of fighting can feel like the last straw. When water levels rise, semi-nomadic pastoralists can head for higher ground, if there is any to be found. But how does a medical center adapt?

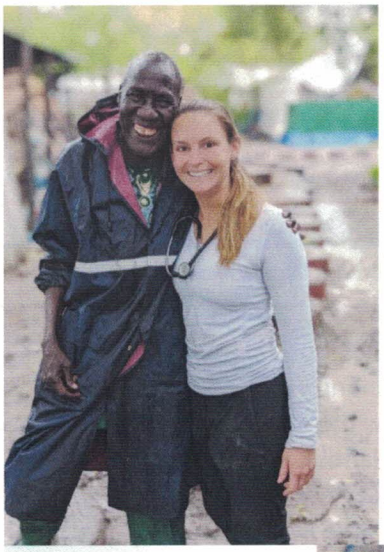


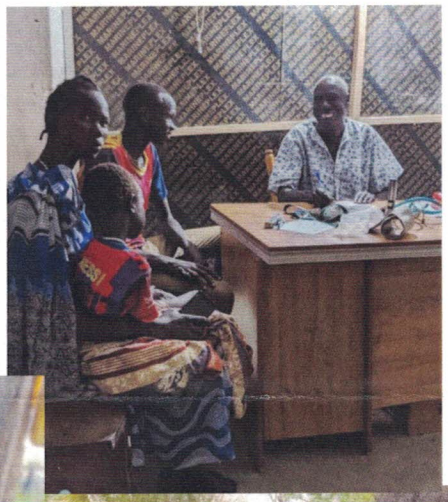
Outside town, some energetic people protected themselves with hand-built dikes.

People so wanted infrastructure. When changing conditions keep patients from reaching us, or even living in the area, we can't relocate our buildings. Our lovely new dike, built by the petroleum-powered backhoe, keeps us dry. But then we need petroleum-powered pumps. Is fossil fuel dependence really progress?

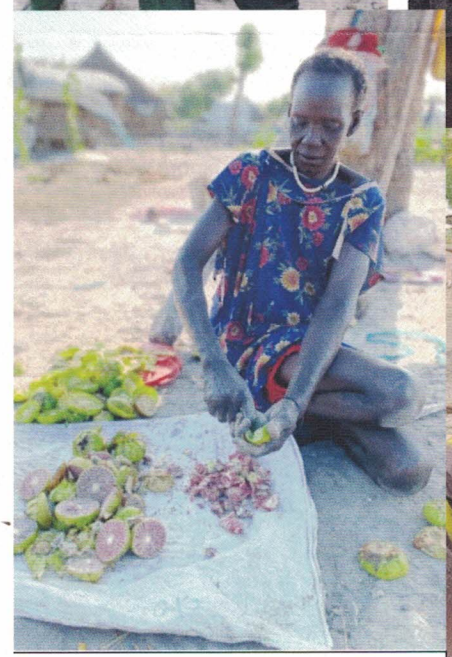
## BUT OUR PEOPLE ARE RESILIENT!

Our clinical officer Sunduk, laughs with the rain and with Bayle, a nurse friend from America. He remains a much sought-after clinician whose voice conveys healing and wisdom.





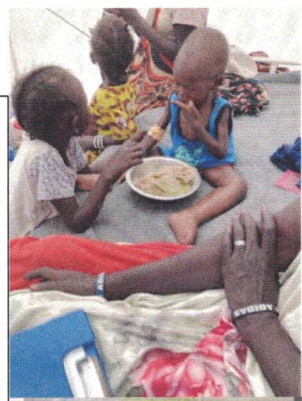
The Alaska team helped our people plant rice - under a mango tree. Can't wait until harvest!



What do you do when life sends you a flood? You harvest water lilies. Not many calories, but they have some nutritional value and fill the belly.


What do you do when you have no toys? You make an airplane out of a loofah.

How do the Nuer keep up their spirits? They love to feed each other.



How do the expats keep up their spirits? Ann improvised high-energy cookies for the overworked Dr. David.

To all of you, thanks for keeping our spirits up!
Sjoukje de Wit Jill Seaman Gretchen Stone

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*Crosscurrents International Institute, dedicated to a world without violence, is directed by Bill and Marina Shaw. Since 2006, Crosscurrents has provided volunteer labor, insight and fiscal responsibility to SSMR. This ensures that all contributions are fully tax deductible. Many thanks Bill and Marina!*

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