



CRISIS IN SOUTH SUDAN Summer 2014

The people of South Sudan voted themselves into existence as the youngest nation on earth in 2011. Their jubilation was breathtaking; their challenges daunting. South Sudan began as one of the most impoverished nations in the world, ranking poorly on critical indicators: South Sudan paired the world's highest maternal mortality with one of its lowest levels of education. Nonetheless, we all glowed with belief that the future could be different.

Our high hopes were shattered on December 15, 2013.

On Monday morning, 16 December, BBC announced there had been gunfire in Juba Town, our capital city, all night. No explanation was given. We ran to ask George, who always knows what's happening. He was drinking tea in the market. No one had heard of problems in Juba. Using his satellite phone (we have no mobile coverage in Old Fangak), George called a variety of people in Juba, including some generals native to Fangak. "Yes there is shooting. We do not know what is happening. It is bad. Call us back in an hour." An hour later, George called again. They said the same thing. "We do not know what is happening. It is bad." This time they added: "It is war."

Thus the violence began. The South Sudanese Human Rights Commission established that from December 16th to 18th, over 600 people were killed and more than 800 wounded around Juba. Most of them were Nuer, the major tribe in Fangak county.

Within days, the head chief of Paguir (one of the biggest Nuer areas represented in Old Fangak) and the head chief of Kuolrai (the Dinka area served by Old Fangak) met to reassure each other that they were brothers. That meeting -- along with the fact that we have no roads to drive tanks on, and no oil to attract outside interest - has saved our area from gunfire and massacres.

By the middle of February, over 100 war wounded had arrived at our hospital. After that we stopped counting. A makeshift boat would pull up near our compound. Our staff would go meet them, chat, find out the number of wounded, get the latest news, and then guide the caregivers to the office of the local authorities to turn in their guns. Then the gates for the hospital compound opened and everyone would start to see patients.

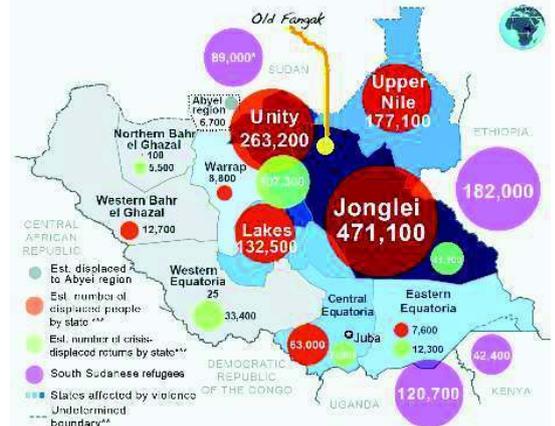
The staff, tribal chiefs, local authorities and the community were firmly committed to keeping the peace.

Malakal, our nearest big city, emptied from one massacre after another. Each side was guilty of one or two rampages. Then Unity State, to our west, was overrun by the military and foreign troops. The population around Old Fangak more than doubled with internally displaced people (IDPs). IDPs and war wounded had a huge impact on our clinic. Now, instead of 17 inpatient and 4 maternity beds, we hosted up to 50 inpatients at a time. Most had gunshot wounds. Our outpatient clinic was also overwhelmed, with so many folks needing care for all the usual

problems. We were seeing more than 5,000 patients a month! The logistics made our heads spin. And still more came. We were blessed with help from the UN, the World Food Program, the Red Cross, MSF, Solidaritas, and the World Health Organization (WHO). And we were so happy that the Alaska team of builders had dug lots of wells this year.



Peter Cuit, one of our new fruit farmers on his off hours, had lots of extra work dispensing medicine in Maternal Child Health Clinic.



UNOCHA SOUTH SUDAN REPORT June 2014

Over 7 million are food insecure
1.5 million internally displaced
835,000 refugees
Old Fangak is part of Jonglei state.



Refugees arriving en masse paddling loaded boats.



There was barely room to walk between beds in our ward. Many were housed in Red Cross tents outside or on the dirt floor in the old hospital.



The IDPs camped anywhere they could. Here the roof intended for a new school sheltered some of the luckier IDPs.



Just hours old. Her mom had run from another state and took refuge north of us, then the shelling followed her again and she found a boat going back “home”, where she might be safer now. The boat stopped in Old Fangak. Pregnant mom got out. Within half an hour this little angel was born. We gave them a mosquito net. Mom promptly set it up on my compound, awaiting the next leg of the boat ride. Before they left, the babe – NyaFangak (girl of Fangak) - got her first polio vaccine, and mom received her first-ever tetanus shot.

Last September, the program got off to a fine start. Our kala azar clinic was running smoothly with no sign of another epidemic. The TB patients camped on site for four months, with 80 to 90 in treatment at any given time. Traditional birth attendants enticed women to enroll for prenatal care. One of our staff became proficient in collecting data that agencies require for funding, freeing Jill’s bleary eyes to see more patients.. We thought we had it made – almost.

We had big plans. The government of South Sudan received international money to set up a health care system and we were part of it. Our last two nurse assistant candidates who had qualified, and were poised to enroll in the training program they had waited for so long, were now unable to travel. Another woman had set her sights on midwifery school was also blocked. However, two who had completed nursing school were returning to establish higher standards, and pull us all up to meet them.

“Tetanus girl” learning to walk again. Her family first treated her back pain with traditional cuttings. Then her dad brought her to Old Fangak when he thought she had meningitis. But it was not meningitis; it was tetanus from the cuts in an unvaccinated child. In fact, spinal TB caused her back pain. Recovering from tetanus, she is walking again and can finally swallow the TB medicines.



Then the crisis of December came and all training options vanished. The country appeared to be careening toward incomprehensible, tragic chaos. There are no training facilities in Nuerland, and no one could travel to school. Our two freshly-minted nurses were greeted with the deluge of war wounded – and helped keep our overwhelmed maternal child health clinic running as well.

In fact, all trade had stopped. Nuerland has no roads and there was no gas for river travel. One day the staff said: Today is a bad day. Today there is no sugar in the market so we can not have tea, there is no soap so we can not be clean, there is no oil in the market. Very soon we will be walking barefoot again. Though most in our area do walk barefoot, and all of us do sometimes, this was simply a way of saying that hopes for development had wilted on the vine.

Yet through all this the staff was amazing. No one ran away from work. They were proud to be able to continue their service.

Thanks for all your support.

Jill and Spaukje



This ward was supposed to be for pregnant and delivering women. But the women with children are not comfortable sharing the main ward with all the war wounded men, so they all are crunched in this one tiny room.

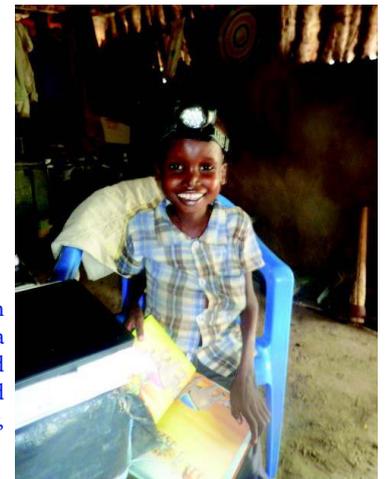


Clinical officer Sunduk, sharing his happiness at the end of clinic. Sunduk makes it all work!



Nurse Katie Stone giving a baby an IV medication.

One of our sweeties - Mogok! With kala azar and severe malnutrition, he refused to eat. Even the threat of a stomach tube was not working. Finally we bribed him with sugared milk and, most importantly to him, a daily lemon. Yes, a lemon. Many of our staff have branched out beyond the traditional maize and sorghum, diversifying their gardens and their diets with produce. One had a lemon tree in fruit. Much stronger now, Mogok stood shyly at the door of my mud hut office. I gave him a book to look at – and 10 minutes later turned to find this happy kid you see sitting in a chair, wearing his headlamp, and that endearing, irresistible smile.



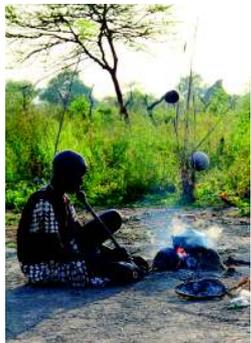
Dear Friends,

Life in South Sudan often seems to lurch from one crisis to the next. The logistics of daily life are challenging enough for us, who have internet and access to planes. Can you imagine the daily life of a mother fleeing with her kids—without transportation, or fast food, or even potable water — not knowing where the fighting will erupt next? I often marvel that anything gets done, any progress achieved.

As Jill says, our plans to move staff up the education ladder were put on hold due to the war. Nonetheless, the program that solidified through 14 years of constant presence did not crumble. Some staff were traumatized by the loss of family members in the fighting, but the hospital never shut its doors. Our clinic was one of the few that remained continuously open.



Knowing our determination to keep the clinic open, the WHO shipped us a whole boatload of medication!



Grandma, watching the evening meal cook while smoking a traditional pipe.

We have always maintained that our strength lies in our ability to adapt to the ever-changing needs of South Sudan. First it was TB treatment, then the kala azar epidemic demanded a response. When another agency departed, primary care fell into our laps as well. Battlefield hospitals were never part of our plan -- but what can you do?

Our whole area rallied around the clinic. Commanders told their troops to steer clear of Old Fangak. Their respect for our program was partly responsible; they were also wise enough to protect the site with a medical team that could care for wounded soldiers and the general population. Civil authorities asked soldiers to abandon their usual method of celebrating their safe return: shooting AK47s into the air. No one needed more gunshot wounds! With no roads or bridges reaching Old Fangak, our strategically insignificant location became an asset.

With better than average security, and a tiny bit of infrastructure, our hospital could facilitate the work of other agencies. Our airstrip remained open - and very busy. We could have used air traffic controllers. UN officials landed in Old Fangak early in the crisis, to survey the needs of the area. As displaced people swarmed into Old Fangak, the World Food Program followed with food; then came plastic sheets for shelter. The International Committee of the Red Cross flew in surgical trauma teams that operated in tents, leaving post-operative care to Jill and the staff.



You can never accuse Sudanese of lacking ingenuity! Plastic sheets donated for shelter were adopted as a base for this floating grass raft. Downstream, grass will be sold to form thatched roofs -- much cooler.

And, in spite of sleepless nights and constant worry about logistics, life went on. Babies were born. A note from Jill:

This lady came to me in November, with her 7-year-old daughter. Since then, she had lost 4 other babies at term. Such a sad story. She has ascites — water in her belly from a scarred liver. So I was a bit doubtful when she said she was pregnant. But I did an ultrasound with our lovely little solar-powered machine, and found her baby looking lively. With the ultrasound, I could calculate her due date. She got iron tablets, tetanus shots, and malaria prevention.

Then in March I saw her again. She was heading home to deliver with her mother. Oh my. I told her that would never do, let me ultrasound your baby again. The baby was active, and had enough amniotic fluid.

So, though I have almost never done this before, I induced labor (with misoprostel) - despite no monitors. I tried to explain what I was doing - and thought she understood. I was surprised when I went back and she had left! Then in the middle of the night she walked to my mosquito net and said she was about to deliver. Out came a beautiful healthy baby boy!

You can not imagine how happy it made that family. And how relieved I was. There is no way I would have induced without the ultrasound because of the risk of inducing a premature baby, or inducing when there was not enough amniotic fluid. Both are too risky. But now she has a second child, so needed for the life of women all over the world but especially in that culture. It makes her a “good” woman. Her husband had stayed with her for all those stillbirths - and was so attentive after the delivery.

And there is something else. She and her husband are Dinka, and we live in Nuerland. Despite the war, this new Dinka babe could be welcomed by all of us.

