

December 2023



As nights grow longer in the northern hemisphere, we find more quiet time to count our blessings. One of them is our original world wide web, made up of friends who offer so many forms of support for this work. It began long before anyone had heard of the internet. You, dear reader, are part of that web.

During epidemics and other plagues, a doctor on the ground can feel pretty isolated. The internet lets us research problems. But there is nothing like hearing from someone who knows our issues, cares, and can guide us.

South Sudan Medical Relief focuses on infectious diseases, offering whole-person medical care. We know that patients with TB won't get better unless they have food along with their medication. When our project launched, in 2000, so many people donated goods and services that we were able to complete seven month courses of TB treatment for \$165 per person! Bare-bones budgeting skills serve us well.



Our national staff excels at the small, essential jobs. The temperature czar, rotating through several thermometers, screens for fevers. Febrile kids get ibuprofen and a malaria check. Those who test positive get a three day course of medication that is often lifesaving. Staff members aim for efficiency—and treat thousands of malaria cases every month!—while never forgetting that each of those malaria cases lives inside a human being, their neighbor.

Little Tut, on the left, had measles, then malaria, then pneumonia, then malnutrition. Then TB. A blood transfusion from his brother perked him right up. Now he's back to just being skinny and malnourished. That's a major improvement.

Kids whose lives are saved from malaria are so common that they start to seem routine. It's an easy fix—except for the ones who require our version of intensive care.

But every so often—like several times per week—a patient comes along whose problems require a real stretch. Nyayual Bol is a prime example.

A healthy woman in her mid-20s, Nyayual started having severe headaches, then seizures. One side of her body became paralyzed. She couldn't see straight. How to live in a mud hut that could hide snakes or scorpions when you can't walk or focus? Finally, her family dragged her into clinic and plopped her onto a stretcher. They knew something was seriously wrong.

South Sudan only recently got its first CT scanner. It is privately owned, and doesn't produce digital images, but it's a step forward. Nyayual boarded a plane that was flying out empty after bringing us supplies, and flew to Juba for her scan. It showed a massive brain tumor.

Our worldwide web rose to the occasion. After a missionary neurosurgeon in Kenya was discouraged by what he saw on CT, Jill emailed a few blurry slices of the scan and lab results to an Australian who volunteered with us when he was a med student. He's now training in neurosurgery. He reckoned the tumor was probably lethal, but one medication might shrink it. An endocrinologist who Jill has known since she was in med school told us how to use that medication. After scrambling to find it, a pharmacist in Juba volunteered to keep the medicine in stock, just for this woman.

Dr. Paul Farmer, a pioneer who helped build health care systems in developing countries always said that poor people don't dream of cost-effective care. They want top notch care, just like the rest of us.

Crosscurrents International Institute (CCI) is a non-profit charity dedicated to building a more peaceful world. Bill and Marina Shaw of CCI donate their time and expertise completely free of charge to the SSMR program.

We wish we could offer optimal care to every patient we see: X-rays, lab tests, counseling, nutritional support, mobility aids, therapy, follow up. That is just not possible. Treatment of infectious disease, such as malaria and TB, yields the best bang for the buck. As custodians of your generous support, we try to extract the most benefit for the most people from every gift.



Patients like Nyayual fall outside our usual scope of practice. But when you see someone whose life can be turned around for a fraction of what care would cost in the US, it's hard to say no. Thank heavens for our network of advisors, and outside resources that help pay for her care!

After six months of treatment, Nyayual has no headache, no seizures. She walks easily, and does all the jobs expected of a Nuer woman. She is back on track to become a wife and mother. You see this smiling face, and think how different her story could be.

She is very grateful, and so are we.

Flooding persists in Old Fangak. Water levels began to recede, and then El Niño started dumping torrential rains during the dry season. Malaria, measles, diarrhea and hepatitis E flourish under

present conditions. Gum boots protect our feet as we slosh to the backyard latrine.

The conflict in Sudan pushes more refugees and returnees into South Sudan. From their perspective, life in Old Fangak must seem like an improvement.

We count our blessings. You are among them. Thank you.

Jill Seaman. Sjoukje de Wit. Gretchen Stone



Wading to the loo by lamplight

Jill Seaman

Sjoukje de Wit

Gretchen Stone

Contributions to South Sudan Medical Relief are fully tax deductible
Checks should be made out to Crosscurrents International Institute (note Sudan) You can learn more about Crosscurrents at their website: crosscurrentsinstitute.org Or you can donate on our secure website: southsudanmedicalrelief.org
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