

## THE SECOND TIME AROUND

Connie Walker—West Africa Medical Mission Report—6-15 July 2007

On this second visit to French West Africa, the shock of seeing primitive merchants' stalls next to French Mediterranean architecture was gone. Driving through the countryside and seeing women pounding and winnowing grain by hand seemed relatively "normal," as did the numerous family compounds of millet-stalk walls surrounding thatch-roof huts. The task of our 12-member team from l'Église du Bon Berger (aka The Church of the Good Shepherd) was also familiar: run a medical clinic in a fairly rural area and thus give a boost to the national church's evangelism and church-planting work in the region. We came as servants of the African church.

### PRELUDE

Having arrived in country at 5 a.m. on a Saturday, we drove to our target area, a market village I will call "Gainey." We checked out the school where we would hold the clinic, and then got settled into our hotel about a 30 min drive away. Sunday morning we drove to a nearby coastal city to worship with a new church plant in a new suburb. The "suburb" (population about 10,000) is really more like an impromptu village made up of folks moving to the city looking for work. Families negotiate with the local farmers for the right to put up a small compound with millet stalk walls (bordering other similar compounds) on one of their fields. Water is obtained from a neighborhood spigot. Until the previous week, the church had met under an open-air thatch-roof shelter in one of these little compounds, but with the impending rainy season, they had constructed a small structure with a corrugated metal roof and woven mat walls. It held nine wooden benches and a mat on the dirt floor for the children, who were extremely well behaved.

Following the two-hour service, while I was



chatting in French with one of the African women, the majority of our team members went to visit an elderly man named Jilen Ndour, a new believer, who was paralyzed from a stroke. Our doctors checked him over, prescribed hypertensive medicines and some exercises he could do for rehabilitation, and prayed for him. Later that day, Jilen felt a popping or crackling, whereupon the pain in his lower back stopped and did not return.

### THE CLINIC

The formal five-day clinic began on Monday morning. Our days started with breakfast and team devotions at 6:30, before meeting at the bus at 7:15. The bus ride provided time for singing and worship. We usually returned to the hotel around 7:30 in the evening for dinner (a 90 minute multi-course affair), lunch preparation for the next day, and any debriefing.

The school compound in Gainey contained a group of classrooms opening onto a central courtyard with large trees providing shade. The buildings were of masonry walls with uneven concrete floors, corrugated metal roofs and metal-shutters over the windows. One classroom was used by our three primary care providers, the one next to it housed our field lab and pharmacy, and a



room across the courtyard with better lighting became our dental office. A fourth classroom was available for exams requiring more privacy and for minor surgical procedures. Patient registration by the national church members as well as triage and patient education were handled in the courtyard.

One big change from the clinic in 2005 was the active participation of local leaders. Both the school principal and the nurse who runs the village dispensary were present and appreciative. Some of the clinic translators were teachers at the school. The nurse, Mme Daba Sène, was coordinating with us to follow up on patients with things like malaria and diabetes.

My role was to work in triage, filling out the patient charts with name, age, home village, “chief complaint” (though they often had two or three they wanted care for) and information on any current medications or drug allergies. Others then took vital signs before the patients were sent on to the doctors. I worked with a young man named Ousmane Diouf, a teacher in the school in Gainey, who translated from the tribal languages into French. Working in the shade in the courtyard was pleasanter than being in the classrooms, but there were always lots of villagers waiting around and staring at the “toubabs” (white folks). Many had never seen a Caucasian up close. About once a day a few short-haired sheep would wander into the compound, searching in vain for grazing until they were shooed away.



When people think of medical work in Africa, they typically think of AIDS, but in our area malaria is the big public health issue. We also saw a significant number of children who eat sand because of severe anemia, lots of musculo-skeletal complaints related to the heavy farm labor, one case of elephant foot disease, a number of abscesses, and a variety of other problems. Intestinal worms are so prevalent that virtually everyone received de-worming medicine. Most of the people who came to see the dentist needed to have at least one decayed (and usually abscessed) tooth extracted. Ousmane had a tooth removed and came

right back to work with me. The next morning he happily reported that his mouth felt much better than before he saw the dentist.

After the clinic, as many of you know, a few of us were able to visit Demba Thiaré, an 11-year-old boy who was referred to a hospital in the district capital. Severe chronic anemia had left him small for his age and with other significant health problems. They were also treating him for malaria and checking for heart irregularities. Since Demba and his dad were going to be at the hospital for at least the weekend, we left a few snacks (families are responsible for their own food), a deck of cards and a stuffed animal—things that we had with us that we thought might ease their stay. We also had a long, open conversation with the head doctor of the pediatric unit, a dedicated and competent young woman. Our concern and interest spoke loudly to her. Since then, further testing has shown that Demba has serious heart problems and will need surgery beyond what is available in-country. A French non-governmental organization may be able to treat him. Meanwhile, Pastor Moussa is keeping in touch with his grateful but concerned family.



## RESULTS

Over all we treated about 490 patients, a significant number of whom saw a doctor and the dentist, and some came back for follow-up visits. There was not enough time to see everyone who wanted care, but those who were seen were extremely appreciative.

Yet this trip was about far more than medical care. The greater, deeper need is spiritual. The dominant religion is a variety of Islam that has become thoroughly intertwined with the older animism. Many of the patients at the clinic were wearing fetishes or gris-gris to ward off evil spirits. One reason that the national church leaders keep asking our denomination to send over medical teams is that these clinics have proven to be one of the most effective tools in demonstrating God's love and opening the door for spreading the gospel.

During our trip, we learned that the market village where we held the July 2005 clinic now has a small but growing worship service. There was none when we arrived, but a pastor and his family moved to the area a couple of months later, capitalizing on the good will that the clinic created. A second service was started just this month in a neighboring village, and there are small groups meeting in a couple of other villages to learn about the Bible and Christianity. This year, because there is already a church of about 28 people in Gainey, the harvesting of the spiritual fruit could begin immediately. The day after the clinic ended, Pastor Moussa held a meeting for anyone interested in the church. Some 36 *new* people showed up and have continued to attend.

## PERSONAL INTERACTIONS

One of my goals this year was to spend more time using my French for personal interactions. Indeed, conversations with our African co-workers, most of whom do not speak English, was a particularly rewarding part of the trip.

During the course of our five days of co-laboring, I was impressed with how many of the local folks Ousmane knew and could joke with. He gave me fascinating insights into local life. For instance, only 40-45% of the children actually go to school, so illiteracy is fairly common. He joyfully congratulated me when Bill called me at the clinic on the cell phone of one of the missionaries to find out how I was doing. When Bill called again the next day, Ousmane was really impressed and even gave me high fives. (Bill was the only spouse to phone, so I felt quite special!)

At another point, I had a fairly long conversation with M. Diouf (seen at left), the principal of the school. He obviously knew I was a Christian, but he was also interested in my scientific work, and he proved to be surprisingly knowledgeable about the U.S. and some of its major research facilities. On another occasion, he was amazed to learn that our family and friends had paid the expenses of our trip to Africa out of love for God and for the West African people. I am hopeful that these conversation will make him more open to the gospel in the weeks and months ahead.

In addition, the six veterans on our 12-member team all remembered Pastor Mamadou (at right), the head of the national church, whom we knew from earlier clinics and from his visit to The Church of the Good Shepherd. He is a delightful and impressive man. His English is still minimal, but I was able to translate for some of the other team members and later to discuss with Mamadou his visions for their new school in the capital city.

I was also freshly struck by the capabilities and dedication of our long-term missionaries in this West African country. Three of them worked hard in preparing for the clinic and were with us the whole time. One, Jan, was a friend from two years ago, and it was good to reconnect with her.



## REFLECTIONS

These trips are expensive in both time and money, and when we are there, we face heat, fatigue, primitive conditions at the clinic, and the possibility of traveler's diarrhea. What is it that makes many of us anxious to go back to West Africa whenever we sense God's leading? There seem to be several things. An important one is the relationships with national believers and the sense of having a stake in their ongoing work. Another is the wonder of answered prayer.

This trip lacked the high drama of 2005, when our lost luggage with clinic supplies turned up five days late... at precisely the moment we ran out of the first antibiotic. High drama, no; but we did see many amazingly rapid answers to prayer—prayer for seats on our overbooked trans-Atlantic flight, prayer for four pieces of luggage that were late in appearing on our arrival, prayer for the man with the stroke, prayer for Jan's SUV that had been having sporadic starting problems, prayer for the weather when it looked as if it might rain at the clinic... No sooner had we prayed than the provision was there! It seems God especially delights in answering prayers when we are busy doing his work.

Yet for most of us I think the greatest factor drawing us back to Africa is the sheer joy of being used by God to make a small but real difference in individual lives in a region of great spiritual darkness. It is a wonderful feeling to be part of what God is doing in a far corner of the world and to maintain a global perspective on the Church and her work. Individually or even as a team, we cannot do much—the task of spreading the gospel is beyond human proportions—and yet God has chosen to use human agents and has clearly commanded us to get on with the task. This is only possible in his strength and with the prayer and financial support of friends and family. Many thanks to everyone who stood with me in this venture. This was your trip, too!



Oh, love that will not let me go,  
I rest my weary soul in thee.  
I give thee back the life I owe  
That in thine ocean depths its flow  
May richer, fuller be.

Oh, light that followeth all my way,  
I yield my flickering torch to thee.  
My heart gives back its borrowed ray  
That in thy sunshine's blaze its day  
May brighter, fairer be.

[As we give God our weary souls and flickering torches, he strengthens us and uses us.  
We often sang this song in Africa, because the love that will not let us go is what took us there.]