As I sat in the worship service at The Church of the Good Shepherd, I found my mind floating back across an ocean of water and two weeks in time to a small, freshly painted shell pink building sitting in the middle of a dusty open compound. Its one room, about the size of our living room, was capped by a flat, overhanging roof. Its two metal doors and two metal-shuttered windows were wide open to let light, air and insects freely circulate. Inside, the walls were a clean, pure white, with neat blue lettering on three of the walls proclaiming this to be Christian worship space. On the front wall, behind the simple wooden pulpit was John 14:6: “Jesus is the way, the truth and the life.” On the wall to the right was John 14:14: “If you ask anything in my name, I will do it.” In the back, next to one of the doors was Rev. 22:13 “I am the Alpha and the Omega, the beginning and the end.” There was no other adornment. The room was packed with nearly twice the usual number of worshippers, because our medical team was visiting. The service was in French, with the sermon translated into one of the local tribal languages. A drum accompanied the singing.

GETTING THERE

Our team wasn’t supposed to be in “Mobile,” the capitol city of this French West African country, worshipping with the smallest of the congregations in the new national Presbyterian Church. We were supposed to be in the interior, at one of the larger village churches. Fortunately, we had been told to “expect the unexpected!” and, with the capable, calm, and wise leadership of team leader Oscar Aylor, CGS missionary Satoshi K. and national pastor Mamadou Diop, we were able to find God’s answer to every perplexity.

Our perplexities began even before we left Raleigh-Durham Airport. Seven of our eleven team members were transporting most of the medicines and supplies for the clinic, and of that seven, six were on the same flight from RDU to Kennedy Airport in New York, a flight that was delayed…and delayed…and delayed. Our connection was tight to begin with, so we prayed earnestly as we sat in the airport, watching our departure time slip off into the indefinite future. But as we prayed, I suddenly felt the Lord’s peace. We would make our connection. We arrived at JFK just five minutes ahead of our scheduled departure, and were hustled directly to our departure gate… which just “happened” to be directly
across the concourse! We’re talking a Delta commuter plane connecting to a South Africa Airways wide-body jet for a trans-Atlantic flight! At Kennedy Airport! It still boggles my mind. As soon as we were on board, they shut the door of the plane and we were off.

But the real excitement started when we arrived in Mobile at 6am on Saturday. While we had made our impossibly tight connection, our twelve checked bags with most of the clinic supplies had not. With our typical American mindsets, we weren’t terribly worried… yet. We expected the bags to come on the next flight, 24 hours later, so instead of driving to our target area on Saturday afternoon, we decided to spend the night in Mobile, go to church there on Sunday, and leave after the bags arrived. Hah! Sunday morning, only two of the twelve bags arrived, and neither of them had any meds. One, however, had the gluten-free food items I needed.

There we were, one day before the clinic was supposed to start, with almost no medicines or supplies! Oh, how I wish we had had the faith to praise God for those missing bags! I can honestly do that today, but then all we could do was to pray anxiously. We couldn’t yet see God’s wonderful plan. So we delayed the clinic a day and decided to spend one more day in the capitol, hoping the bags would arrive on Monday.

Monday morning’s flight brought five more bags, but mostly personal items, with a few meds tucked in. Fortunately the equipment for our field lab arrived—important as it turned out later. Steve Roskos, our medical director, took stock of what we would need to start the clinic, while Herb Whinna, our field-lab man, unpacked his personal bag. About five times, as Steve would name a class of medication we would need, Herb would pull a random plastic baggie out of his suitcase, and it would be that very item! In the end, with the meds we could purchase locally, we estimated we could run the clinic for one-and-a-half to two days—not the four we had planned. But, having prayed, I and at least some of the others had real peace that we would have additional supplies when we needed them, and we started the long drive out to our target area.

The one road out of the city toward the interior consisted of two paved lanes and zero to two informal dirt shoulder lanes (depending on local conditions) in each direction. At times—often—it resembled a parking lot more than a highway, as vendors wandered among the vehicles selling everything from wash cloths to peanuts to chewing sticks. Goats and informal stall shops flanked the road. Further out, we reached a simple, more modern two lane highway and began to make better time.

Before going to our hotel, we stopped to look at the clinic site. This was located ten miles down a dirt “road” from the highway, in a market village that I will call Diakonate. The national church leaders had selected a site at a maternity clinic, with an alternate site in a nearby school. The school proved to be far better suited to our purposes, in spite of the dust and dirt that had invaded the classrooms, so another change of plans was confirmed. The nationals had swept a few of the rooms, and it would be an easy matter to dust off the student desks and rearrange furniture.

The drive from the clinic to our blessedly air conditioned hotel took around 90 minutes (two hours after a heavy rain!), but time and schedule mean little over there. En route, we passed many small villages, where each of several family compounds had a wall around a group of small, thatched roof huts. It was a joy to see little kids running out toward the road waving friendly greetings as we
drove by. Fields of young millet plants and the omnipresent goats were punctuated by the occasional herd of bony cattle. Fields were being tilled with horse- or donkey-drawn plows.

THE CLINIC

Satan is sometimes called Beelzebub, which means Lord of the Flies, and Tuesday morning, to celebrate the opening of the clinic, he seemed to have sent his whole air force. By God’s grace, however, they were at the hotel in “Clayville,” not at the clinic site. I’ve never seen so many flies! Our bus was filled with them. They swarmed outside the doors of our bungalow-style hotel rooms and snuck through the door each time we entered or left… in spite of curtains hanging just inside the doors. It was like the plagues of Egypt, and the clinic was in the land of Goshen! (Fortunately, there were fewer flies on Wednesday, and by Thursday evening they were gone.)

The missing bags? None arrived Tuesday morning, but the airlines were trying to trace them. Since I was struck down by Montezuma’s African cousin, I got to stay behind and deal with the flies; my job for the day was to rest and pray, as the Imodium and Cipro did their good work. The clinic team, however, soon faced additional “adjustments.” Were we short three translators? No problem. We would go the double translation route: from Sera (not the real name of the local language) to French and then from French to English. National church leaders took care of the first, while one doctor and Satoshi (our missionary friend) spoke French. And one Sera-English translator worked with two doctors. Not ideal, but definitely manageable. The Lord had also supplied a couple of missionary interns to fill out our ranks.

Then some local health officials came to inspect. They were doctors who made it clear that they were quite willing to shut down the clinic if they weren’t happy, and their counterparts in another area had done just that at a clinic held the previous spring. As they were shown around, the rest of the team went to praying. Eventually the officials were satisfied. We were not doing immunizations (which would have implied that the government was doing an inadequate job) and—thanks to lab whiz Herb Whinna—we had a field laboratory that truly impressed them. We were providing good care to their citizens! That day, we saw only about 66 patients.

On Wednesday morning—day two of the clinic, when we had estimated our supplies would run out—the flight from Kennedy again failed to bring any of the missing bags. Worse yet, neither Delta nor South Africa Airways could trace them. Yet we had peace that the Lord would supply what we needed. I was still feeling queasy, but prayer soon convinced me that I needed to go to the clinic. I was assigned to work with Jean-Bosco Touné, an aspiring pastor from the local region, doing translation for one of our doctors. Others were already ably doing my work as team pharmacist, more ably than I could have done it, and my language skills were needed. Another change of plans.

The clinic used three adjoining classrooms in the school compound. Each classroom had a wide metal door opening onto the central courtyard and three large windows with metal louvered shutters flung open. The floors were of not-very-even concrete. There was no electricity, no running
sanitation? A two stall, free fall, squatty potty (photo available for the uninitiated). We all had supplies of hand sanitizing gel and antiseptic wipes.

Everything was calm and orderly. The three doctors saw patients in the first classroom, the lab and pharmacy were in the second, with health education and deworming in the third. Patient registration and triage were done in the courtyard of the school compound, and patients who had registered waited in the shade of courtyard trees or covered porches for their time with the docs. This was when national Christians had some opportunity to engage them in conversation. Our clinic, in addition to providing much-needed healthcare, was viewed by the national church leaders as “pre-evangelism,” building good will and establishing the fact that we genuinely cared about the citizens.

From where I was sitting next to Jean-Bosco in the treatment room, I could look out over an open area with a few goats and see some of the town’s houses and citizens. It was peaceful, and the work afforded me opportunity to build up a little rapport with the patients. Some of the young women were truly lovely, with warm smiles and demure expressions. Many of the older men wore wool caps that looked more suitable for a ski slope than a village in the tropics, though they claimed that the headgear wasn’t hot. Almost all the patients were willing to be prayed for, bowing their heads and extending their hands palms up, while the doctors prayed in English. I began to develop a fondness for this stalwart people. We saw about 100 folks on day two of the clinic.

We made it through day two without running out of anything. Oscar said it was as if the meds multiplied as we gave them away. Finally Thursday morning we got the long-awaited good news. The bags with our meds had arrived in the capitol, and missionary Jan B. was starting the LONG drive out to the clinic! Would our supplies hold out?

As the morning wore on toward our 2pm lunch break (not too bad since dinner was around 9pm), nurse Kelly came into the treatment room from the pharmacy and announced that we had run out of the antibiotic that one of the doctors had just prescribed. Just as he was contemplating his second choice, we heard a vehicle (there were none in the village) and looked up to see Jan’s SUV swoosh past the open windows. The meds had arrived! The Lord’s timing was absolutely perfect! We had what we needed exactly when we needed it… and not a moment before! Jan was, however, somewhat astounded by the jubilant reception she received.

Since Jan was able to do direct translation for many of the patients, I was assigned to relieve Satoshi at triage. The job again involved translation: recording patient name, age and chief complaint. A surprising number of the patients didn’t know their ages and could only supply their birth year. Some didn’t even know that but had to consult their identity cards, or hand the cards to us if they couldn’t read. At first I struggled to read the names that had been written on the receipts they got when they paid for the clinic. [A nominal fee of about $1.50 was charged to preserve patient dignity
and help cover the expenses of the national workers.] Eventually, however, I realized that the same names kept coming up over and over again: Diop, Diouf, Faye, Sère, Ndion, and some more complicated ones. There was less time to build rapport with the people coming through, but very often my Sera greeting of “Nafio” was rewarded by seeing a warm, relieved smile spread across an anxious face and hearing the traditional reply of “Mechamen.”

Thursday was our longest day at the clinic. It was market day in Diakonate, drawing extra folks into town from the surrounding villages. About 120 patients received treatment that day. In addition, repairs on our bus took longer than expected. The window on the front door had been broken and was being replaced. Don’t have a big enough window? Not a problem. Just weld a metal frame in place to accommodate the smaller window!

That evening after dinner, I left my teammates at the hotel pool, either swimming or happily chatting. As I headed off to my bungalow-style room, I felt irresistibly drawn to the rickety little platform jutting out into the tidal river flowing through Clayville. I needed to thank the Lord for the dramatic deliverance he had provided that day and for having given me peace beforehand that he would meet our needs. It was a magical time. A half moon was glowing in the sky, and a soft, fresh breeze was blowing in my face. I stood there quietly communing with God, bathed in his love, and awed by his goodness to us. My heart was overflowing with gratitude and a love of its own.

Friday the national church leaders advised us to end the clinic early—wise advice as it turned out. We saw all the patients who had registered the previous day but hadn’t yet been seen. Then the national workers got their turn with the doctors. Finally a delegation of local officials, including the leaders of a number of local women’s groups, came to thank us for holding the clinic… and ask to be seen! Another change of plans. After all the pleasant words from both sides had been exchanged (with appropriate translation) and we had reassembled the supplies we had already started to pack, the dignitaries got to see the docs. Finally we were able to truly pack up and load the bus.

But still we weren’t done. There were courtesy calls to pay, one of them with the Sous-Préfet at the local government office. Then we visited the women’s center where the local workers had been sleeping and taking their meals. There was warm fellowship, prayers, and fond farewells.

Looking back we were astounded to note that we had experienced no rain at the clinic. We were there at the beginning of the rainy season. There were violent downpours each afternoon in Clayville where the hotel was located and on the road between there and the clinic site in Diakonate, sometimes making the afternoon drive “interesting.” On the last afternoon, a cool wind picked up at the clinic, and it felt as if a storm might be approaching, so we moved triage onto one of the porches, but not a drop ever fell on us. Once again, we felt the Lord’s hand of protection and provision.

Saturday saw us heading back to the capitol, with a stop at a game preserve to see a few wild animals from the safety of a touring truck. We had seen nothing wilder than the goats and one scorpion so far. Dinner in the capitol, a brief visit at Satoshi and Cally’s house, and we arrived at the airport around midnight for our 2:50 a.m. flight to New York.
PERSPECTIVES

As I once again focused on the worship service at The Church of the Good Shepherd, part of me ached to be back in the simple African service. I also found myself wondering once again: What does it all mean? How does this trip fit into God’s grander scheme? Here are a few fragmentary personal reflections.

First, as was the case even before the trip, I was struck by the enormity of the task of spreading the gospel. Our small four-day clinic involved months of work by people on both sides of the Atlantic, as well as the expenditure of a significant sum of money, all backed up by the prayer and financial support of our friends and family. And this was just to get a toe in the door of one small region of one small African country. The job of sharing the good news of redemption in Christ is beyond human proportions. God has clearly commanded us to get on with the task, but we do so only in his strength.

Second, while our host country is fairly open for a predominantly Muslim state, Christians there, as in many other countries, face difficult times, particularly from friends and family members who are not Christians. In addition, the church leaders are subject to serious spiritual attack. Pastor Mamadou, who is leading the national church, has stood firm, and we were all delighted to get to know this remarkable man. We need to pray regularly for him and for those who have been trained and are being trained as pastors to work alongside him.

Third, one gains a different perspective on one’s own culture. Much of what preoccupies us in the U.S. is on the shallow, trivial surface of life. Beneath that are the more fundamental concerns of the West Africans—feeding their families and staying healthy. Deeper still are the ultimate realities that belong to the eternal realm. Our trip engaged us with the latter two, and that is partly what made it so rewarding.

But above all, I came away with a deep sense of gratitude that God allowed me to have even this tiny part in the work he is doing. While we couldn’t see the longed-for spiritual fruit—this developed in the ensuing months and years—we helped people medically, and we could see the Lord’s hand at work ordering our circumstances and building relationships. This paved the way for young pastor Ngor and his family [see photo above] to move to Diakonate the following fall to start a fledgling church. Soon there were several small churches in the area. People are finding new life and hope in Christ. To be used by God is truly a privilege and a delight.