Kidney Transplant Program Begins in El Salvador

In the late summer of the year 2000, Children’s Cross Connection initiated a five year program to bring a pediatric kidney transplant program into being at Hospital Benjamin Bloom, the National Children’s Hospital in San Salvador, El Salvador. The five-year program will train local physicians and staff in current transplant techniques. By the end of the five year period, it is expected the Salvadoran program will be treating several dozen patients per year and will be self sustaining. This five year endeavor follows upon the heels of a similar five year program begun in 1995 by Cross Connection which established a pediatric open heart surgery program in Hospital Bloom. That program now successfully treats about one hundred patients a year and is likewise self sustaining. Other similar programs include a pediatric spinal surgery program which is entering its fifth year at Hospital Bloom. See Story, pg. 2

Embassy Personnel/CCC Doctors Save Boy Attacked by Hyena

Mehamed Muhammed, a young man found by members of the US Embassy in a hospital in Gode in southern Ethiopia, was brought last year by Children’s Cross Connection to the U.S. for treatment following his mauling by a hungry hyena. Though he has many surgeries yet ahead to repair the physical damage done to him, he has found love in his new foster family and a place in their home. See Story, pg. 10

CrossTalk is a semioccasional publication of Children’s Cross Connection, Inc. The opinions expressed in the narratives are those of the authors, themselves, and do not necessarily reflect the position of CCC. Feedback or inquiries may be directed to the Editor, KB Rundle, DDS, 220 Avon Drive, Fayetteville, GA, 30215

CCC Medical Child Update

It has been a busy year for medical care for children. CCC was able to help a number of foreign children during the year 2000. Read about some of them. See Story, pg. 11

Zack’s Story - CCC at Work in the U.S.

A wonderful story of how a child’s need is providentially supplied and several lives are impacted. See Story, pg. 10
Waaay South of the Border  (by John Whelchel MD)

On a September Saturday of last year, a medical team left Atlanta to take part in performing the first kidney transplants performed at Benjamin Bloom Children’s Hospital in San Salvador. The Atlanta team consisted of a transplant nephrologist, transplant surgeon, pediatric urologist, two anesthesiologists, one emergency medicine physician, several operating room nurses, ward nurses, critical care nurses and a biomedical engineer. General Rundle, more affectionately known as Pam, both accompanied and led the team. An advance team had visited San Salvador several months earlier to warn the country what was coming.

The team arrived early in the AM at Hartsfield to board an Air Tran Airlines jet with what appeared to be several truckloads of stuff. We safely flew to Miami where we transferred to a Grupo TACA jet bound to San Salvador. I was amazed the plane could fly loaded with all our equipment. As we came to understand, Pam’s years of experience pays off for not only did we arrive with our equipment (at least 50 tons), we even picked up some poor luxury cruise passenger’s luggage in Miami. We never figure out what that person wore on their ship. We were joined the next day by “The Blizz” a thoracic surgeon from Portland, Washington, who rounded out our team.

Accompanying the team on the Miami to San Salvador leg of the flight, was a newspaper reporter of one of the two large papers in San Salvador. Little did we know that this was an omen of things to come. Following the first transplant on Monday, the news media was everywhere. Our transplant nephrologist, Dr. Carlos Zayas was born in Puerto Rico and the reporters quickly figured out whom to interview. Carlos was frequently quoted and interviewed by every news media outlet during our stay. He took to “stardom” like a duck to water.

The first day in San Salvador was spent delivering our supplies, setting up equipment at the hospital and meeting our San Salvadorian partners who were assigned to help with the transplants and post operative patient care. The next morning we saw the patients scheduled for transplantation on Monday and met the doctors who were to participate in the project. That afternoon, we traveled over an hour outside of San Salvador to the beautiful family beach cottage of Julia Novoa, El Salvador’s Cross Connection Coordinator. The cottage is perched high on cliffs over looking the Pacific Ocean and was a delightful way to unwind and prepare for Monday. Many of our team donned their swimsuits and climbed stairs down to the surf. The ladies certainly looked different than when seen in their scrub suits. Sports illustrated, cry your heart out.

On Saturday and Sunday evening after gorging “Pollo Campero”, Central America’s equivalent of KFC, which is very good, and El Salvador’s national food, the “pupusa”, we returned to our humble four star hotel. After hearing of Pam’s adventures in Africa, we felt a little guilty over such surrounds but only for a moment. Needless to say, when Monday morning arrived, General Rundle snapped the troops back to the reality of the job at hand.

It is difficult to describe the magic of the next three days. The beauty, courage and appreciation of the children and parents we were privileged to care for mesmerized the team. The ingenuity, training and skill of the Benjamin Bloom Hospital staff were most impressive. We were touched by the love given the children and the quality of care provided by the nurses and doctors of the Hospital. El Salvador is not a wealthy country and medical resources are limited. However, The hospital staff’s ability to improvise with available equipment and provide good medical care with limited resources is quite remarkable. We found nurses and doctors who wanted to learn and their eager participation contributed significantly to the success of the project. Indeed, to paraphrase an old saying, the Benjamin Bloom Hospital staff did not want a gift of fish, they wanted to learn to fish and they did. The last transplant was a total Salvadorian effort as we only observed and enjoyed everyone’s excitement.

We awoke each morning, following a transplant, eager to hear from the “night crew” about the progress of our patients and were blessed never to be disappointed. Our Salvadorian partners worked long hours by our side and become our colleagues and friends. For five wonderful days we shared our work, our passions for medicine and our love for the children. Don’t worry, we also played and the people of San Salvador know how to have fun.

On behalf of the team, I would like to pay tribute to an enchanting lady, Julia Novoa, and to our own Pam. Both know how to “make things happen” and whenever our efforts seemed to be bogging down, they always were there get us back on track. Both have unbelievable compassion and love for children (I think they like adults also). They are tireless in their efforts to improve the health of the children of El Salvador and each will receive their crowns on judgment day.

I would personally like to express my appreciation to the most wonderful group of medical professionals I have ever had the privilege of (cont’d next page)
working with. Each gave 110 percent to the project and all were dedicated to providing the best care possible to the children we transplanted. They were wonderful teachers and left a most favorable impression on all they met. Besides that, they were fun to work with and play with. A special thanks goes also to Grupo TACA who sponsored the team.

Last, we wish to express our appreciation to the nurses and doctors of Benjamin Bloom Children’s Hospital. They opened their hospital and friendship to let us all feel like members of the family. Although we looked forward to returning home, we left part of our hearts with these friends and the children. We look forward to returning and working with them again in the future. Pant! what have you gotten us into?

Another Perspective on the Kidney Team

(Excerpts From a Journal by Shrira Friend, RN)

Day 1; Saturday

7:30 pm- Flying over El Salvador (I think) the landscape is magnificent. Volcanoes, mountains, water, greenery. It is breath-taking.

8:00 pm- Turn my watch back two hours. Therefore it is now 6 pm.

7:30 pm- we have left the airport and are en route to the hotel. People are driving like maniacs, our bus driver included. Like a little Atlanta. Trucks are carrying dozens of people standing in the bed of the trucks. I can see the trauma codes now. Some cars have lights on, some do not. It is a free for all. Janet and I count a total of 7 burning smells on the way. We also noticed the standard of living is already third world. The houses are like tin walls and roofs, probably tied together. Similar to the box houses I made when I was a little girl. Everyone is just hanging out on the side of the roads, drinking, cooking. Jason saw a goat in the back of a truck.

Day 2; Sunday

3:30 am- BOOM!!!! Thunderstorm wakes me. Power goes out. Reset the clock. Back to sleep.

3:30 am- Boom!!!! Power goes out again. Reset the clock. Back to sleep.

5:10 am- OK, I am up. Go to the gym with Carolyn, she is going to be a good influence on me. Power goes out again.

9:30 am- Arrive at Benjamin bloom children’s hospital. It is gated and armed guards have to let us in.

9:45 am- arrive at a little room outside the I.C.U. and across from the O.R. After unpacking the equipment in the room, Catherine, Janet and I venture upstairs to see what the unit looks like while the rest of the group sets up the O.R.

10:00 am- we arrive on the floor. It is a small unit, no air-conditioning, windows open, everything appears to be a dingy yellow. From behind a metal door on the other side of the unit, I see four pairs of eyes peering in and watching us. The next thing we know, we have 8 to 10 children coming up to hug and kiss us. It was overwhelming.

10:30 Am- we did not waste any-time opening the boxes of toys and handing them out. The children were so gracious and affectionate. I see our first transplant patient, Oscar. From behind the glassed in room while he is receiving his hemodialysis, He was smiling and waving at us. Such a handsome and brave soul.

10:45 am- I see a little baby boy lying in a crib. Just staring. It appears he is too weak to move. I figure he was about 4 months judging by his size. I later find out he is nine months.

11:30 am- I could not be pulled away from these children. I already felt luckier than the rest of the group that would spend most of their time in the O.R. while I got to spend time with these wonderful children. I went back and forth from room to room, gawning and gloving up to hand out toys to all the children. It was like Christmas in September.

2:00 PM- We finally were dragged away from the children and headed back to the hotel to go on our first tour of El Salvador. We were headed to La libertad for an ocean excursion.

11:30 pm- As I am going to bed I pretty much assume we will have a thunderstorm that night.

Day 3; Monday

5:45pm- It was my turn to go in and do the night shift. Oscar should have been in the unit by now. Julia picked me up in the new air-conditioned bus to take me to the hospital.

6:00 pm- I arrived on the floor, not before having to travel through the Emergency Department. It was pitiful. Reminded me of Grady Memorial (County Hospital in Atlanta noted for trauma cases) with little people.

6:15 pm- I finally see Oscar. Tired, weak but smiling none the less. I asked him if he was in pain "poquito" he said. But refused any pain medicine. Such a strong, brave soul. I insisted on giving him just a little. To help him sleep that night. His donor is sleeping soundly in the other room, doing well also.

Day 4; Tuesday

7:00 pm- cvp is questionable. I ended up going back to the stone age and doing manuals. I had to expect things like this; good for my improv skills. At one point I went into Osars room, he motioned for me to come closer. He grabbed my hand and said weakly "Thank-you" in English. It took all my strength not to cry. This boy was so gracious.

8:00 pm- Marie Antoinetta and Jose Luis are wandering around. Jose Luis receives his kidney tomorrow. There are four children that are receiving peritoneal dialysis and three receiving hemo right now. Rafael "mi novio" now has a gastric tube to keep him nourished. They ended up having to put it down twice.

2:00 am- It was 2 am. Please get me out of here.

10:30 am- I am up and ready. I move the IV bag to the floor and prepare all the equipment. I stay up past 2 am everyday to prepare. I am not getting enough sleep. I am not getting healthy food either. I return to the floor to coordinate the schedule and what is needed to help the children and to help myself.
Day 1; Saturday

1:00 pm- It is the day of the first kidney transplant. I called Dian to wish her well. She was还 awake. She said "Bye I can't watch."

Midnight- All is quiet on the unit, hoping to keep it that way.

3:00 am- Jay and I wander around the hospital to take a break; everyone is sleeping. Jay is a pediatric emergency doc. Needless to say we decided to go to the emergency department and hang out. The resident told me that it is “calm” that night. We venture over to their “trauma side” There I see a female resident who is manually ventilating a little boy who is unconscious. She has been there all day. They do not have a ventilator for him. Beside him was a little 2 month old in a isolette. She is septic, her mother sits behind the crib away not even looking at the child. The mother is just staring in front of her, like she is in a trance.

2:00 am- we head up to the icu. Upon entering the unit, you could hardly hear yourself over the deafening alarms of monitors, ventilators and I.V. pumps. According to the charge nurse there are 16 patients in the unit, 12 of which are on ventilator support. There are only 4 nurses in the unit. When we walked around the unit with the charge nurse she advised a lot of these children have dengue fever, which is an epidemic in El Salvador. Most of the cases are hemorrhagic dengue of which is ultimately fatal. I walked by one bed and noticed the child had a strange color, upon standing there for a few seconds, I realized what the problem was. His endotracheal tube was not connected to the ventilator. He was not breathing. I looked at the monitor and his heart rate had dropped to the 50’s. I grabbed the nurse who ran to the bedside and began to manually hyperventilate him. The child recovered from the incident. It just scares me what would have happened if I was not standing there.

3:00 am- upon returning to the renal unit, Rafael is crying. I had been wanting to hold him all day. This was now my excuse. He is so tiny. He stopped crying once I held him. His big black eyes just staring at me, he has yet to smile.

5:00 am- I get up and go on the rounds. The nurses are chatting like two little gossiping old ladies. I could not help but laugh. I decided to go get my bubbles out of my nursing bag. I go back into the room and started to blow bubbles filling the whole room. Next thing I know all four children are standing in their beds leaning over trying to catch the bubbles. For a moment all of them forgot they were in the hospital and forgot their pain.

Day 2; Sunday

3:30 am- After that scenario I noticed in the asthma unit that there was a lot of commotion over in the corner of the room. The closer I got, I realized they were doing CPR on a toddler. No monitor, no crash cart, no drugs. Just compressions and listening for a heartbeat with a stethoscope. The family was watching the situation unfold. I was dumbfounded. I felt helpless, not wanting to step on any toes but desperately wanting to help. The team advised they were ok and did not need any assistance. I walked away, my heart heavy. I had to come to the realization that we cannot save the world.

Day 3; Tuesday

8:00 am- at the hospital, I am beginning to have a stuffy nose ( blaming my allergies or sinus) everyone is doing ok until I realized that no one received pain medicine that night. Janet advised that the staff nurses were asked to give them the medicine. I am upset. This culture is so stoic, that they are not going to ask for it. I have to just go ahead and give it. I go around to all the patients and push some morphine.

10:00 am- Pam and I head down to the or to see the final transplant, Marie Antoinetta’s. There is press all around the surgery. One guy is right over the team with a TV camera. Two adjoining rooms, the donor and the recipient. As I was walking in Dr. Whelchel was harvesting the donor kidney. Still joking around as usual. Took one whole roll of pictures of the event.

2:00 pm- the donor is on the floor, stable. The ppa pump is not working (again) I loaded her up with morphine.

4:00 pm- Marie Antoinetta is now on the floor; everything appears to be running smoothly. Press is still swarming around. I won’t let anyone in. She is receiving blood products.

5:30 pm- Diana is sitting in the bed getting ready for hd, she motions for me to come over. She hands me a key chain with medical tape on the side written with a message “from dian to my great friend, my god bless you forever”. When she looks up at me, two tears roll down her cheeks. I noticed she was having breathing problems. I listened to her lungs, she was in pulmonary edema. She was getting so tired from breathing all she could do was lean forward and put her head against my stomach. I looked at everyone and told them to go on the ambassador’s party, I was not leaving Dian.

6:00 pm- They are starting dialysis on Dian. They have to use these huge bore needles to start the hd. She screams in pain as they access her avf. I felt so helpless, all I could do was hold her and cry with her. There was nothing else I could do.

7:00 pm- Dian is getting better, her breathing has improved. I still will not leave her bedside, I just held her hand and silently prayed for her. Wondering why such a beautiful child had to suffer so much, and trying to remind myself this is God’s will. Dian is an angel on earth.

7:30 pm- Dian is now sleeping so I wander over to see the other children that are receiving peritoneal dialysis. There are two nine year old girls sitting next to each other in adjoining beds. They are chatting like two little gossiping old ladies. I could not help but laugh. I decided to get my bubbles out of my nursing bag. I go back into the room and started to blow bubbles filling the whole room. Next thing I know all four children are standing in their beds leaning over trying to catch the bubbles. For a moment all of them forgot they were in the hospital and forgot their pain.

Day 4; Wednesday

8:00 am- at the hospital, I

7:30 pm- Dian is now sleeping so I

8:00 am- at the hospital, I

9:30 pm- I am sitting in the bed

10:00 pm- Dian is sleeping so I

Day 5; Wednesday

1:00 am- Jay and I wander around

5:30 pm- Diana is sitting in the bed

6:00 pm- They are starting dialysis

7:00 pm- Dian is getting better,

7:30 pm- Dian is now sleeping so I

8:00 am- at the hospital, I

9:30 pm- I am sitting in the bed

10:00 pm- Dian is sleeping so I

Day 6; Thursday

Day 7; Friday

The surgeries are all over. Obvi-

ously it was a very emotional time. The

parents of the children who received the

transplants gave us a little party and things

to remember them by. I have come to the

conclusion that no words will be able to

describe this trip and what I had experi-

enced. We went to Julia’s that night to cel-

brate. It was another gorgeous house. A

mariachi band play for us, everyone danced. It was amazing to see so many different

people be drawn together like family for a

common passion, the love of children and

the power of medicine.
The last day before we leave, half of the group has left to go home to see their own families. I can only imagine how much they will look forward to holding their own children in their arms and feeling blessed to have such healthy children. I went back to the hospital one more time, knowing that this will be the hardest visit because it will be the last visit. I held Rafael in my arms; he fell asleep after finally eating a little by mouth for the first time. I was reminded of what Carlos said about his 4th catheter breaking and the dilemma of Rafael not receiving dialysis and what the future holds for him. Dian is in pulmonary edema again, but is receiving dialysis at this time. It seems like there is no end to their suffering and it bothers me even more now knowing that we are all leaving. What is going to happen to them? As I say goodbye to Dian I tell her “dios esta aqui” (God is here) “tu estas en mi corazon siempre. Te amoy” (you are always in my heart, I love you) we cried as we held each other.

It is Saturday morning and we are headed to the airport. I am already starting to miss the kids, and already starting to make plans for the next visit. As we fly over the country I try to recall all the events that have now forced me to recognize that I have just made a major transition in my life. I thank God for blessing me with this experience and giving me such a wonderful talent of caring for sick children. This is my way of serving him. I know that when I return to El Salvador, there may be children whose lives had touched me, that have gone on to become angels in heaven. Yet, there will be another group of children that will be facing the same journey. I now know that through Him I will have the strength to walk with them on this journey.

We arrive Sunday morning in Addis around noon local time (1 should point out that Ethiopia is seven hours ahead of Atlanta; the time I normally go to bed in Atlanta is the time I am supposed to get up over here, according to my body clock; it takes some getting used to).

Tuesday, 9:30am, Soddo, Ethiopia.

Greetings again from the land of bright smiles and warm hearts!

Our supply shipment is still held in customs. The good news is that, Yonas and Pam should be able to get our materiel released this morning. Also, we pray that 2 of the ten pallets of supplies that are currently missing will be located. Ten were shipped and ten received, but two have since been " misplaced".

In order to not waste too much time waiting for customs release of our goods, the rest of us left Addis early yesterday morning in two rented land cruisers to make our way southward down the Great Rift Valley to the town of Soddo, our base of operations for the next two weeks. Our eight hour journey (to cover only 240 miles) took us down some good highway and a lot of not-so-good highway where the potholes threatened to swallow us whole at times. To give credit where credit is due, a sizeable stretch of the highway is being completely rebuilt by donations from the European Union. However, in those areas, the road is the worst because construction machinery occupies all of the new road bed, leaving the traffic passing through to negotiate the muddy or dusty verges through ruts you wouldn’t believe. Occasionally, we would stop to admire the scenery, and once we even paused long enough to drive through an ostrich farm and game preserve which was located along side the highway. All along the way the scenery was magnificent.

Finally, about 6pm we pulled into the courtyard of the Axum Hotel ($3.50 a night US) where we unloaded our meager belongings. Dr. Kelemu, director of the Regional Hospital in Soddo (and sole surgeon), drove over from the hospital to greet us and bring us over to his home for dinner. There are no restaurants in Soddo that a western stomach can handle, no supermarkets, and few food outlets other than the open air market which closes down at dusk. After a wonderful meal we retired to our hotel rooms to rest. At 8am, it rained heavily. At 5am, the local mullah began calling the faithful of Islam to morning prayer. Otherwise, the symphony of diesel engines and roosters crowing lulled us into oblivion for the duration of the night.

We rousted out of bed early for a good breakfast at Dr. K’s and then split into groups to accompany some of the local hospital physicians on their morning rounds.
We are to spend the day making ourselves useful at the hospital until the truck gets here with our supplies. Hospital Soddo is a government owned and run facility (though it was founded as an SIM Mission Hospital some 50 years ago). The current problems facing Hospital Soddo include a complete lack of operating funds (the war with Eritrea has effectively eliminated all of their annual budget), and a lack of trained personnel (Dr. K is the only surgeon in the southern region of Ethiopia, and though a trained plastic surgeon, he does it all from delivering babies to thoracic surgery). Medicines are scarce, and the needs of the populace constantly overwhelm the ability of the hospital to provide care. Yet, when I questioned him, Dr. K says he is optimistic about his future. In his quiet manner, he states that his faith has sustained him and provided him a number of other sources, non governmental in nature, which have helped provide aid. He says he knows the Lord will supply his need. Meanwhile, he is on call 24 hours a day (in addition to his work load), 7 days a week, 365 days a year. Some nights, he says, he sleeps in the operating theater, not having the time to go to his own bed just a quarter mile up the road. Plus, he only gets to see his wife and children in Addis every few weeks. All of this for maybe $200 a month.

Dr. K is less optimistic about the future of his patient base or his country. The current state of public health is troubling, not for lack of effort on the part of the hospital, but simply due to the overwhelming need that never seems to go away. A majority of the patients admitted to Hospital Soddo have Tuberculosis, of which category, 55 percent test positive for HIV. The next largest patient group have malaria, most of which has resisted local treatment. Wards are full and space is limited. There is no facility for isolation. A fair number of patients lie on mattresses laid on benches placed in the corridors. Interestingly enough, there is virtually no incidence of hospital staff contracting disease from patients. When questioned about why, our doctor guide seemed to think is was as a result of the difference in nutritional status between patients and staff. Also, Dr. K stated that the harvest was smaller than anticipated throughout the countryside and he is concerned about famine hitting hard next year. He has a nutrition center under construction (with help from another organization) on the hospital grounds which will treat a hundred infants, but he fears a famine will produce a need that is impossible to meet.

Tuesday Evening, 9:28pm, Soddo, Ethiopia

I just spoke with Pam a short while ago. She and the supplies are in Addis. It seems that customs and the airport folks have continued to heap obstacles in the way of getting our material released. She believes it will happen tomorrow, early, but we can only pray that it will. In any case, she will be coming down with the personal belongings that we left behind in Addis to come down with only our backpacks when we left Monday. At least we will have clean clothes when she finally gets here with our suitcases (That is why when we show you the photos of our activities, it will look like we did everything on the same day; we’re all wearing the same clothes!).

Wednesday, 4:00pm, Soddo, Ethiopia

Pam and the pickup arrived about 2:30 this afternoon with some of the items we had left at the Lalibela Hotel. At last, a change of underwear! Also, some of the medicine and my dental instruments came too. The satellite phone has come, too, so I can finally send this lengthy epistle. We hope will work tomorrow, though where has yet to be decided.

Friday 8:54 pm, Soddo Ethiopia,

Yesterday (Thursday), we traveled up a muddy track until we reached the town of Areka, where we collected some translators we arranged to use from “Oxfam”, a famine relief group based out of Europe. They have a fabulous operation throughout Ethiopia that is working to interdict the devastating effects of the coming famine.

Proceeding on, we finally ended up 35 miles away at the end of a dirt path at a village (sort of) by the name of Hembecho. We unloaded and dug in. Roughly 200 people were seen during the course of the day, which was great considering we didn’t arrive until noon, and had to leave by 6pm (it gets dark by 6:30pm and the slick muddy messes that pass for roads in these parts just aren’t safe). Each patient seen was tested for HIV status, glucose in the blood, and given a blood pressure check. Then, each patient went on to be seen by one of our docs and receive their prescribed medication at our pharmacy. No cost to the individual. Patients with dental problems who needed extractions to cure their ills saw the dentist (me). We saw mostly malaria, TB, and parasites. Two patients were so seriously ill that we had to transport them back to Hospital Soddo and admit them for further treatment or they might have died. We paid for the patient’s admission, medications, and gave the accompanying family member 100 Birr for food.

Today (Friday), we arose at 6am and went immediately with the truck to the hospital to unload it. The hospital has given us a lockable room to use for our staging area. Jeff is in charge of the pharmacy, and, therefore is “Keeper of the Key”. He studiously organized the placement of all our boxes for maximum acces-
sibility and got us organized. We pulled the first day’s medications, loaded up our vehicles (our two land cruisers and borrowed a hospital ambulance), gathered our hired translators (English-Amharric, Amharric-Wolaitta), and set out once again.

Once more we left Soddo heading north. This time, however, we turned off yesterday’s highway and went down a second dirt “highway” pointed more westward. We climbed a thousand feet, then descended two thousand feet down some pretty hairy switchbacks into a large valley between mountain ranges and wound our way 25km into a town by the name of Bele. Bele is the center for this particular Ministry of Health region, and we checked in with the director who was to accompany us 17km further to our work site, the village of Oudu-Chema. This last short distance took us over an hour and included some very slippery sections and a couple of small river fords.

Arriving intact, the Pharmacy was established, the docs set up at their stations, the triage team checked for HIV, blood glucose, and high blood pressure, and yours truly found himself in a shady hillside overlooking the market square under a large Baobab tree. We lined up the patients and got to work. Since we again arrived about noon, and we didn’t want to face the road home in the dark, we saw patients until about 5pm, when a sudden afternoon downpour called our efforts to a surprise halt. Fortunately, it was nearly quitting time anyway, so we were winding down, but still I and my last couple of patients got quite damp.

The docs had again found a patient needing hospitalization, so we gathered her up along with her father, and made the long trek back to Hospital Soddo, the same way we came. The only difference on the return was the added thrill of dealing with an even more slippery road surface on the way out of the valley, and a surprise to find that it hadn’t rained at all up above when we climbed back up the hill (dry road means you eat the dust of the vehicle ahead). Such are the vagaries of the weather here. Of course, it will rain here in Soddo later tonight as it always does to our work site, the village of Oudu-Chema. This last short distance took us over an hour and included some very slippery sections and a couple of small river fords.

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Arriving back at the hospital, we checked our patient in, paid her fee, and returned to Dr. K’s for our evening meal. We were overjoyed to find that both Kevin and Linda had arrived during the afternoon and brought them up to date as we unwound and enjoyed our well earned rest.

Saturday, 9:06pm, Soddo, Ethiopia

Galda actually consisted of a small settlement of thirteen or so mud huts with a mud walled school and a mud walled one room health worker outpost. Lots of cows, lots of people, and lots of flies. Surveying our muddy environs, we hurriedly held a conference. The sky was threatening rain and we had no provisions for staying out in the field overnight. Of greater concern was the question of whether or not the two land cruisers and the pick-up would be able to negotiate the slickery goo uphill and get us out if more rain came. So much to our regret, we elected to see only a couple of the gathered patients who really looked sick, and give enough medicine to the local health technician so he could treat the ills of the remaining populace for a while to come. We had both he and the village elder sign a list of the inventoried medicines to help ensure that the goods did not end up being sold on the black market and made sure both knew that the regional health office would have the form on file.

Eventually, we did make it back to Soddo with a bit of help from the weather. In spite of the threatening clouds, the rains held off and sun actually dried out the road somewhat. We spent the rest of the afternoon organizing and repacking our medicines. It would have been quite an adventure to spend the night out in Galda, but since our camping supplies vanished on one of the missing pallets at the airport, we lack certain necessities. It would not have been fun with no food, no cots, no mosquito netting (malaria is very big here), and no shelter. Perhaps another day....

Sunday 9:00pm, Soddo, Ethiopia

Today began as usual (7am) with breakfast at Dr. K’s. After we ate we held a short devotional service led by me (new testament message) and Linda Dagi (old testament message - she is an Orthodox Jew). We sent off the morning e-mail and reloaded our supplies for the day. We set out under cloudy, but promising, skies heading northeast out of Soddo. After a short distance along excellent (in comparison with our normal road surfaces) asphalt, we turned onto crushed cinders, then a dirt road, then a dirt path, then whatever we could push forward over. All along the way the scenery was breath taking as we descended into a broad valley area surrounded by mountains. About two thirds of the way to Dendo Guisha (our work site) in the district of Fango Boloso, we encountered a low area in the path which was grassy and very slippery sections and a couple of small river fords.

Surveying our muddy environs, we hurriedly held a conference. The sky was threatening rain and we had no provisions for staying out in the field overnight. Of greater concern was the question of whether or not the two land cruisers and the pick-up would be able to negotiate the slickery goo uphill and get us out if more rain came. So much to our regret, we elected to see only a couple of the gathered patients who really looked sick, and give enough medicine to the local health technician so he could treat the ills of the remaining populace for a while to come. We had both he and the village elder sign a list of the inventoried medicines to help ensure that the goods did not end up being sold on the black market and made sure both knew that the regional health office would have the form on file.

Eventually, we did make it back to Soddo with a bit of help from the weather. In spite of the threatening clouds, the rains held off and sun actually dried out the road somewhat. We spent the rest of the afternoon organizing and repacking our medicines. It would have been quite an adventure to spend the night out in Galda, but since our camping supplies vanished on one of the missing pallets at the airport, we lack certain necessities. It would not have been fun with no food, no cots, no mosquito netting (malaria is very big here), and no shelter. Perhaps another day....
on the other side of the moon. These folks just never travel
tal in Soddo (only 46 miles by road), help might as well be located
in the middle of the compound near the flagpole. To secure the area
we strung out one of our wonderful discoveries this trip: magic fluorescent survey
tape. I do believe there must be angels attached to the stuff or
something. In past years, we have tried rope, walls of borrowed
“stuff”, and anything else we could get to try and keep the non-
patients out and the patients in some kind of orderly lines. We
have discovered an almost reverential respect for a strip of the
colorful tape strung between any two stationary points. Maybe it's
because they have never seen anything quite like the survey tape, or
something like that. In any event, it works better than the heaviest
rope we have ever tried.

The patients we treated
were some of the sickest we have
seen. Romeo and Catherine, two
of our docs, were of differing
opinions as to whether the overall
nutritional status of the local pop-
ulation was better or worse than
last year, but if it was better, it
was not by much. Many patients
had TB affecting various organ
systems, several had malaria (some for the second, third, or fourth
time), and many had the usual ills involving GI tracts, parasites,
eyes, skin conditions, headache, etc. They received their medical
consultation and got their prescribed medicines at the pharmacy
(TB patients have to go to a government health center for treatment,
which the government pays for).

Several patients came in on stretchers carried by friends as
the afternoon wore on. They were really sick. One woman had post
partum bleeding which had not stopped since her baby’s delivery
four weeks previously. She was picked to go back with us for admis-
sion to the hospital in Soddo. Another man was brought in suffering
from diffuse systemic tuberculosis, and was also marked
to be transported for hos-
pital admission. Two other
seriously ill patients were
likewise chosen. As in pre-
vious cases, Cross Connect-
tion pays for the admission
to hospital, the initial med-
icines, and food for each
patient we transport. Though they live relatively close to the hospi-
tal in Soddo (only 46 miles by road), help might as well be located
on the other side of the moon. These folks just never travel

Unfortunately, the watching crowd learned that the docs
would pay special attention to patients who were prostrate on the
ground and who made noises and movements as if very ill. Before
long, we suddenly were confronted with a host of prostrated bodies
crying for attention. Also, at that point, the magic tape lost its
power and the crowd began pushing in around us. Dr. Kelemu, who
accompanied us today, felt we could no longer function effectively
under such circumstances. As if to underscore the need to cease,
the clouds rolled in and began to threaten rain. Gathering up our
remaining supplies and equipment, along with our workers and the
four patients going back to Soddo, we left Dendo Guisha for the long
haul back to Soddo. Under the Lord’s watchful care, we survived
several more instances of vehicles getting stuck in the mud, and
arrived back in Soddo about 6:30pm.

One last comment about our lodgings is in order.
Though we are staying at the best hotel in Soddo, it
costs only $4.00 or so per night. The water is some-
times on, sometimes not. Often we get hot showers
(raise God!), but many times we do not due to low
water pressure, malfunctioning pumps, the phase of
the moon, or whatever. You cannot believe how good a
hot shower feels after a day slogging through dust and
mud. When it is unavailable, we do our best from the
cold water tap in the sink (or hot, if it is functioning). The beds
(one double per room) are ok, but the pillows are like hard sacks stuffed
with some rigid substance. I call them “bed sausages”. We are allotted
one towel per room irrespective of the number of occupants.
Mosquitoes are sometimes buzzing about in the dark (there is no
way to shut all the windows tightly). Some of us have mosquito
netting, but not all. We have seen the ravages of malaria and pray we
don’t bring anything home with us. We are as careful as we can be
under the circumstances, but this is Ethiopia.

Monday, 9:26pm, Soddo, Ethiopia

The village we visited today was one we have had the plea-
sure to visit on each of our two previous mission trips to Ethiopia
(‘98, ‘99). Soremashido is an enclave of humanity located on a finger
like escarpment to the northwest not far (15 miles) from Soddo. The
intriguing aspect of visiting this particular place is that, two years ago, when we first
visited the village we encountered an eye
condition unfamiliar to all of our docs. The
disease is apparently new and has not been
seen before by any of the infectious disease
specialists either here or in Atlanta. The
affliction begins with an inflammation and
tearing of one or both eyes, followed by
sucked down enough dust to create a minor principal-

One other great aspect of revisiting a site we have worked
in previously is the feed back we get from the locals. After our
arrival and set up (again the magic fluorescent tape did its thing
for organization of people into lines), we hired (10 Birr per man
per day) several of the locals to help with crowd control. It turns
out that one of the men we employed had been brought to our
clinic last year severely ill transported on a stretcher. He was seen and given medi-
cine for his needs. He claims that had we not come and treated him, he would have
died. Several other patients who had eye problems of a different sort, who had been
given medicine last year, returned to give testimony to the effectiveness of the care we had given to them as
well. All in all, it was a very satisfying day. Several hundred people
were seen and their needs addressed.

Tuesday, 6:00pm, Soddo, Ethiopia

We awoke to find that it had not rained during the night
for the first time since we arrived in Soddo. Praise the Lord for
the lack of mud! Still no water through our hotel plumbing. Maybe tonight...

Today, our caravan consisted of both
our land cruisers, the hospital pick-up
truck loaded with supplies, and an
ambulance loaded with our take-along
translators. We set out for the village
of Lere, 17 miles northeast of Soddo.
Roughly half of the trip was blacktop,
the balance being goat track, or some such.

We arrived about 11:30am, having

We returned to Soddo in a steady drizzle to check in our
charges at the hospital, unload the
vehicles, and get ready for dinner.
Miracle of miracles, the water line
was fixed and the trench filled in at
the hotel! Praise God for small bless-
ings! I took my first shower in 4 days
and a hot one at that! What luxury
we take for granted.

Wednesday, midnight, Soddo, Ethiopia

We gathered again at Dr. K’s for our usual 7am breakfast,
then loaded our gear and traveled down the paved road from Soddo
about 8 miles. There was a barely perceptible dirt track heading
eastward off into the unknown which we then turned onto and
proceeded to retest our vehicles’ suspensions for yet another day.
Fortunately, we have not had any rain in the area since last
evening, so the dirt surface is perfect (neither dusty nor muddy).
Bossa Wanche. Glory of glories, the location in which we were to work had a wooden fence and a gate - excellent for crowd control! Some of our Ethiopian helpers went about the community to announce our arrival while we proceeded to set up the pharmacy, doctor’s stations, triage stations, and the dental clinic. Of course, we strung a goodly amount of the magic fluorescent tape, now a hodgepodge mix of green and pink.

Shortly, we had a good sized crowd growing and we began to work in earnest. My first patient was a little old lady who came tottering in on the arm of a friend wanting a tooth removed. I took one look at her feeble condition and said that I didn’t think her immediate needs included losing one more tooth, and referred her over to Romeo. He diagnosed her situation as diffuse systemic TB. She was told to wait around so she could be transported back to the hospital with us at the end of the day. Our work proceeded from there. We saw a good bit of malaria, some TB, and even a three HIV positive cases (an 83 year old man, a 22 year old pregnant woman, and a 5 year old orphan girl), in addition to the usual run of upper respiratory tract infections, skin problems, GI problems, parasites, and so on. The pharmacy doled out the appropriate meds and by the end of the day we had treated nearly 200 people in four hours (with only two docs and one dentist, mind you; both Drs Dagi and Dollar had to leave early to return to Addis). We left a happy crowd of waving villagers, and made our way back to Soddo.

In the early evening, before and after our dinner at Dr. K’s, we resorted and inventoried the medications we were leaving behind unused. The Ministry of Health, wants to keep close tabs on the remainder of the meds, especially since they paid the customs duty on them. The bulk of what’s left will get used by Hospital Soddo, in any case.

Tomorrow, we leave Soddo. We must be up early to pack and depart for the long trip back to Addis. It has been a trying and wonderful trip. I know the Lord has watched over our efforts and has blessed them. Soon we will be back in “Our World”. We will take the lessons learned and start our preparations for next year’s effort.

Testing the “Metal” of One’s Faith
by Deb Ward

My name is Deb, and my son’s name is Zack. We live in Michigan, and we both came from a battered home, with an abusive ex husband. Zack and I had encountered many abusive confrontations with his father, which left us both emotionally scarred, financially broke and in need of many things. During the past few years, Zack’s teeth were getting more crooked and not having any dental insurance, I sure couldn’t afford braces. So being a Christian, I turned to prayer, and asked God to give me wisdom and lead me in the right path for this problem. I started emailing many charity organizations, only to be turned down or no replies from them. I was getting discouraged, thinking, if it was Jesus and he needed help, would they too turn Him down?

The last charity organization I emailed was Children’s Cross Connection, and in despair, I thought to myself, another dead end. I was totally amazed that I got a response that they would help! I know this was an answer to prayer how it all turned out! Pam Rundle emailed me and started her quest to find an orthodontist to help Zack. Through the ordeal, an Ethiopian missionary knew of an orthodontist, who in turn knew of the orthodontist here in Michigan, who also is a Christian!

To make this story short, Zack has braces and is showing off that metal smile everywhere, thanks to God and Children’s Cross Connection! In a nutshell: Never give up hope and always look up and know that God does hear your prayer, and will come through. Zack and I want to thank the Ethiopian missionary, the orthodontist, Dr. Cushman, and a special thanks to my new friend Pam Rundle, all for listening to the Lord. But most of all, Zack and I thank God for always being here with us and listening to our prayers.... Again, thank you so very much.

Mehamed’s Amazing Story
by Pam Rundle

In late January, 2000 the hyenas struck- at night- as 12 year old Mehamed slept with his mother and father and two brothers outside a refugee camp near Gode, in Southeastern Ethiopia, where they had gone to get food. By morning, his mother and two brothers were dead. By mid day, his father, who had covered Mehamed with his body, was also dead. Mehamed had lost half of his face, his nose and one eye --- from the center of his face to his left cheek, everything was gone.

Over 3,000 miles away, at that same time, GOD was already preparing a place for him, not in heaven, but, in a wonderful, loving new home. This is the story of GOD’s design for Mehamed, at least as we have seen so far, and the needles and threads which helped to weave it’s beauty.

We’ll call the hyenas and the drought and the famine the needles, because of the pain they inflicted on Mehamed. The first healing thread appeared through the Ogaden Welfare Society (OWS) - a governmental organization in Southern Ethiopia. The day after the attack they learned of his trauma and carried him to the closest hospital - in Gode. What follows is nothing short of a miracle.

Within days of the attack, US Embassy political officer Nick Janszen traveled to Gode on a routine fact finding mission relating to the famine and relief projects - OWS took him to the hospital and he saw the young boy Mehamed. Nick returned to Addis deeply affected by Mehamed and at a country team meeting, within hours, recounted the story. The Consulate officers present were familiar with CCC, having seen many children come through (cont’d next page)
GOD’s Hand was On Zinash
by Pam Rundle

Her sweet smile belied the pain she lived with and her fear. As I met Zinash for the first time with her family at the airport in Ethiopia, I knew that her treatment and recovery was likely to be hard. But as we boarded the plane with the other 6 children who were also coming for treatment, as an older sister coming from a family of 10 children, she concerned herself with trying to help the smaller ones.

About halfway through the 17 hour flight, the coughing began and my concern grew. Shifting seats with another patient I tried to keep a close eye on her to be certain exactly how ill she was becoming. It was my first concern that perhaps she had developed bronchitis but logically I knew that she was probably suffering from pulmonary edema secondary to congestive heart failure. Not a good feeling when you are midway through a flight from Africa to the U.S. without any landing scheduled for the next 7 hours. And so I prayed with and for her and on we flew.

On arrival in Newark, Mr. Aberrera (station manager for Ethiopian Air) quickly made arrangements for wheelchairs for those patients who needed them and helped expedite things through customs. He also came back several times to check on Zinash during the time we waited on our flight on Air Tran. Her feet had swollen significantly from the fluid accumulation and so we propped up her feet to make her more comfortable. While he maintained a watch on her I called both Dr. Ballard in Atlanta and Rose Emily to advise of the situation so that they would be expecting a very sick patient who would possibly need to go directly into the hospital from the airport. Both reacted quickly and efficiently as usual and things were ready on our arrival in Atlanta. It ended up that her condition was both an infectious one and a congestive heart failure situation combined.

On 31 May, Zinash underwent aortic root replacement and mitral and tricuspid valve repair under the skillful hands of Dr. James Kauten at Piedmont’s Fuqua Heart Center. Dr. Ken Thomas was also present for the surgery to everyone’s
delight. She was discharged from the hospital to go home with her host mom Karen Vaughn.

As of June 30th, Zinash had already gained 11 lbs. Zinash returned home to her happy family in Ethiopia in mid July to begin her new life.

Jose’s Miracle of Love
by Pam Rundle

His family and friends described him as reserved, calm, somewhat deep thinking at times- but as a 10 year old boy he was also a leader at school and loved by all who knew him. Jose as the youngest of three children in a middle class Salvadoran family was very fortunate ...at least in most ways.

The first warning signs appeared in 1996. Those signs eventually led to an initial diagnosis of globulonephritis and finally to end stage renal disease, a certain death in El Salvador. It was a fact- without a kidney transplant - he would die, and very soon.

His family members and friends anxiously prayed, they volunteered their own kidneys, but 3 major hurdles stood in the way of healing for him.

Problem #1- El Salvador had no pediatric kidney transplant program. Problem # 2 - None of his family could donate, his parents both had medical problems of their own- his brother and sister were too young. Problem # 3- Even if he was transplanted, he would need $1,000 a month in medicines for life to keep him from rejecting.

The following is the story of Jose’s Miracle and how it came to be:

In August of 1999, the timing of the call from CCC’s friend Celina Kriete was perfect. She called on hearing that we were in country; to inquire if CCC could help Ana Belle’s son. We had only arrived the evening before, with an advance team to evaluate the possibility of starting a kidney transplant program at Hospital Bloom. She didn’t know why we were there simply that we were. The doctors were to begin examining potential patients in about an hour. She got him there - just in case he was a possible candidate - he was, in fact probably the best candidate that the docs saw that entire day. But, major problem- no donor, and no medicines. One hurdle down, two to go. Anabelle Mendoza had worked for the Kriete family for over 30 years. In an extraordinarily generous offer, Grupo TACA’s corporate family offered to provide his medicine for life. Two hurdles down - one to go. A major hurdle, no donor...

And so they prayed, they held a special mass to ask for GOD’s intervention in Jose’s life. GOD’s answer came- in a remarkable and very special way. Following the service, a 21 year old medical student, Luis Miguel, came to the family, he offered his fervent prayers for Jose Alberto, and also his own kidney. Luis Miguel was healthy, intelligent, handsome, generous and kind - and yes, miraculously, he was a compatible match for Jose Alberto!!!

But the planned September 1999 start date for the kidney transplant program at Hospital Bloom came and went, delayed by bureaucracy. Jose grew worse, an infection set in and hopes grew dim for his miracle. But then a light shone - Emory University agreed to do one transplant as a teaching case- Jose was chosen and with him came the Salvadoran team for training as well. On March 30th, the transplant was performed by the skilled hands of Dr. Cris Larsen and Dr. Tom Pearson. Luis Miguel’s kidney was removed in the O.R. at Emory University Hospital, while Jose Alberto waited in the O.R. of adjoining Egleston Children’s Hospital, the kidney was handcarried through the connecting tunnel and transplanted in Jose Alberto. Within a week, we knew the transplant was successful. A valuable opportunity was provided for teaching the talented Salvadoran counterparts. Within a month, everyone had returned to El Salvador, Jose to begin his new life, Luis Miguel to continue his training as a doctor (one with a unique perspective on life) and the Salvadoran team to begin planning for the historical event which would take place at their hospital in September 2000 and which would give the same chance to 4 more children. Jose’s miracle is only the beginning of hope for so many like him - Luis Miguel the living inspiration of many heroes to come.
A Message of Thanksgiving

A few days ago I received a lovely letter from one of the children that came to the United States for medical treatment. This child had been the “clown” of her classmates for as long as she could remember. Her face suffered drastic changes when a tumor was removed, and she returned to her country, not only full of life, but happy to see her normal face on the mirror, knowing that she was returning home with a beautiful face. Indeed her life has changed, and today she goes to school daily because she has no more headaches, she is not embarrassed anymore, and she wants to recuperate those years lost in school. She learned English while in this country, and this is what she said:

“The power of attraction of an amiable and smiling face is evident that illuminates the encounter and that causes the mutual acceptance. Thanks for sharing with me its spiritual and material goods and for making of my life a celebration and for converting yourself on unforgettable friends.”

Thanks be to God for allowing us to serve Him through the many children that are helped through the Children’s Cross Connection. Our appreciation goes also for the doctors, nurses, airlines, hospitals, host families and many volunteers that in some way contributed to the lives of the children changed in the year 2000.

I cannot close this letter without extending a word of appreciation to the Board of Directors for their commitment and love for the work we do to make a better world for all children. Also, a special thanks to Ken and Pam Rundle who, not only founded this organization, but have given their life to bringing CCC to what it is today.

Rose Emily Bermudez, President

CCC to Become CCCUS and CCC International 1/1/2001

In the life of any organization, there comes a time when fundamental changes need to be made to ensure the continued growth and maturation of the organization’s vision. After much reflection and prayer, the Board of Directors of Children’s Cross Connection, Inc., has decided that one of these moments has arrived in the life of this ministry.

The ministry began as “North Georgia OURS”, an adoptive parent’s group, in 1984, with only 6 volunteers. It grew into “The Cross Connection, Inc.”, and then became “Children’s Cross Connection, Inc.”, in 1995. On December 16, 2000, the Board of Directors voted to take the next step in the growth process: the formation of two sister organizations: “Children’s Cross Connection International”, and “Children’s Cross Connection US”. This new division of responsibilities, which takes place on January 1, 2001, will open new opportunities for service based on greater freedom for individual creativity.

“Children’s Cross Connection US” will continue with the critical ministry of arranging medical assistance for children in the U.S., as well as oversight of any educational scholarships that may be granted the children following their return to their home countries. You may follow the activities of this branch by logging on to their new website “http://www.cccus.org”.

“Children’s Cross Connection International” will become the teaching arm of the ministry. It will initiate and manage all overseas missions, including long-term teaching projects, partnership programs, and the strategic vision of developing a “World Wide Mobile Miracle Children’s Hospital” program. A limited number of children will still be brought to the U.S. by this division, but only if treatment is an extension of one of the long range teaching programs, or the intent is to teach medical professionals (as well as heal the child). You may follow the activities of this branch by logging on to their new website “http://www.cccinternational.org”.

Since its inception, Children’s Cross Connection, Inc., has been blessed with gifted servants of God who were willing to offer their talents on behalf of His children. Though the two divisions will become two separate organizations legally as of January 1, 2002, it is our prayer that they will remain complementary to, and supportive of each other, still sharing a common spirit and commitment to children in need throughout the world.

Children’s Cross Connection, Inc., has never been more recognized nationally or internationally than it is at this critical stage of its development. With these new changes, we believe that we will be positioned strategically as never before to meet the needs of the world’s children.

We ask your continued prayers and support for the ongoing work of the organization during the transition. We trust that you, our committed volunteers and supporters, will look forward as we do toward a future bright with promise and toward being a part of the beautiful tapestry that God is weaving on behalf of His children through Children’s Cross Connection, Inc., and its new daughter organizations.
Days 1 & 2

We finally got here to Perquin!

Saturday morning, after a good typical breakfast of scrambled eggs, fried plantains, fresh fruit, and refried beans, we checked out and went over to the Cross Connection office/store room (in San Salvador, the capital) where we finished loading up the supplies we needed to take along with us to Perquin. The Ministry of Health sent along a large box backed truck to hold everything which was no small amount since we had already sent down the bulk of the medicine in advance (about $70,000.00 worth). Our five and one half hour bus ride took us back down the highway toward the airport, then out along the coastal highway eastward through Zacatecoluca and Usulutan. We turned northward and stopped for lunch in San Miguel briefly. We then proceeded north up the windy mountain roads into the Department of Morazan, finally arriving in Perquin about 3:30pm. We are about 20km from the border with Honduras.

This is the first time Cross Connection has ever been this far north in the Department of Morazan. Over the past 17 years we have worked in just about every other part of this beautiful country. However, during the guerilla war which lasted from 1979 to 1990, Perquin was the capital of the FMLN guerilla resistance. Hence, the government may have been a bit slow in extending its services to those who fought against it. Moreover, its remoteness makes it just plain difficult to get to. In any event, after we arrived, we went to the local health unit which is giving us space to store our supplies during our stay. We spent the next two and one half hours unpacking and organizing our medicines and supplies for the week. Once that was accomplished, we returned to the hotel to eat and collapse.

Day 3:

........Returning to the hotel, the team all gathered in the hotel restaurant to bag vitamins. We had brought with us two barrels of multivitamins, each of which weigh over 300 lbs and contain more than 104,000 tablets. All 17 of us grabbed a handful of bags and a pan of tablets from the barrel and began loading bags for distribution from our pharmacy during the week. Using unused communion cups, we placed three cup loads of vitamins per bag and sealed each one. It took about an hour and a half, but we finished one barrel. We'll wait until later in the week before tackling the other one!

Tomorrow, we arise at 5:15 am, eat at 6:00 am, and will be on the road by 7:00 am. This all assumes we can get our breakfasts served and eaten in the time the hotel has promised us it can do it! We are traveling by our bus and hour or so to Colonia San Marcos. More on that tomorrow.

Day 4:

Our first day at work! After my unsuccessful attempt to send the e-mail message by sitting in the predawn darkness up the hill, I joined the other team members for breakfast at 6:00 am in the hotel restaurant. Following a quick but hearty meal, we all piled into our bus and returned to the health clinic where we met up with our Salvadoran Military escort and their (deuce and a half) truck. We loaded on the first day's medicines and headed back down the road a few miles to a dirt road turn off and began our dusty trek higher into the hills. Perquin is located at about 6500 feet above sea level. We climbed at least another 1500 to 2000 feet higher into the pine covered mountains. Except for the occasional Maguey cactus and other similar flora, it looked exactly like the mountains of North Georgia. In fact, after we finished our climb, it almost looked like a cross between the mountains of New Mexico and Colorado. In any event, we reached our destination after an hour of stress testing our shocks on the dirt track. The village is called "Rancho Vivo" (living ranch), though most of the residents referred to it as "Rancho Quemado" (the burned ranch). We were struck by the oddness of finding about a hundred well laid out but half finished cinder block homes occupying a hillside with a spectacular view. It seems the government began a housing project in the area five years ago, ran out of money, and never came back. Most of the residents live in wooden sided huts scattered in and amongst the open cinder block squares. Honduras is only an hour's walk over a nearby ridge.

We unloaded, set up the pharmacy in an area roped off (there were no buildings for us to use), set up the doctors nearby under the pines, and located the dentists a bit further away in a shady glade. Besides our two US docs and nurse practitioner, we had six Salvadoran docs from the Ministry of Health. Furthermore, besides Angela and me in the dental field office (literally), we had three Salvadoran dentists also from the Ministry of Health. Many of the locals were already waiting on us, the sick stoically waiting on us to get there and get going, the kids decked out in some of their best clothes to see the docs and enjoy the other festivities. These festivities consisted of an eight man army band which serenaded us while we worked and provided musical background for the kids games the soldiers put on. One of the soldiers dressed up as a clown and had everybody laughing their heads off. Several games were played with the kids and
a pinata was broken. In and amongst all of this Bob Newton gathered young and old alike around and told Bible stories and led the crowd (especially the kids) in singing.

The temperature stayed pleasant with fluffy white clouds rapidly scudding across a brilliant blue sky. The wind would occasionally gust up to seemingly near hurricane force sending dust devils and anything loose flying. It was tough to keep papers and other work paraphernalia where we put it. Through out all of this, though, the health care providers saw patients of every age and description. The pharmacy stayed swamped with prescriptions to fill. Approximately 800 patients were seen and treated during the day. About 3000 prescriptions were filled. Lives were touched. The love of God was shared.

When all the patients were seen, and all the prescriptions filled (5:30 in the afternoon), we finally packed up and began our return ride down the washboard road. Arriving back at the health unit an hour later, we unloaded the truck and said goodbye to our soldier fellow travelers. Dinner after a hot shower was a fairly subdued affair as all the team were quite pooped from the day’s efforts. Some more of the medicines for use tomorrow were sorted and then the team said their “good nights” as all returned to their rooms satisfied with the day’s efforts.

Day 5:

Another beautiful morning! The air temperature was in the 60’s and dawn found the team again gathering for breakfast at 6:00 am. By 7:00 am we were in the bus and headed back to the health clinic in Perquin to load the truck for another day. We again had an army truck and soldiers to accompany us on our 3 hour drive into the wilds of north eastern El Salvador. Today, we found out we were going to the community of La Laguna in the district of Torola.

We headed north out of Perquin on a dirt road that has more than its fair share of large rocks embedded in it. We found every one. After an hour or so, we reached a point where the bus could no longer go on due to the continuing deterioration of the “road”. The team disembarked and split up among a four wheel drive ambulance and the back of the army truck. Bob went on ahead in the ambulance so he could begin preaching early. The soldiers were quite happy to share their perch with us although it was already piled high with our supplies. We proceeded slowly down the bumpy dirt track which follows mountain ridges and makes many switch backs. There are many hairpin turns and the road is only one lane wide. One bus we met had to back up far enough to let us pass with at least an inch to spare.

Finally, about two and one half hours after we started out, we arrived near La Laguna shaken but not stirred. The road at that point is too narrow for even the army truck to negotiate so we disembarked and went another mile or so on foot. Fortunately, the four wheel drive ambulance could still drive the way and it ferried the supplies from the army truck to the work site. When we finally did walk up to the little dispensary health station around which we worked, we discovered the new first lady of El Salvador was on site with her helpers and several cameramen and media personnel. She came in by helicopter though, and left the same way. We talked and had pictures taken, and then buckled down to work.

There are approximately 300 people who live in the surrounding area, and their remote-
Day 6

After opening the hotel and taking care of our soldier/protectors (I.e. medical missions) in such a short time. "It is such a joy to share God's love to so many people in such a compassionate way for helping them. Everyone wanted to know when we would return. We could only smile and say 'hopefully soon.' The pharmacy, of course, was soon swamped with prescriptions and continued valiantly battling the growing lines until we had to pack up for the returning choppers at 3:30 pm. We left plenty of medicines in the hands of the local health authorities to take care of the prescriptions we didn't have time to fill. We also made up care packages for our soldier/protectors (the average foot soldier in El Salvador makes next to nothing in wages, even compared to our enlisted men and women).

We estimate that the medical side saw about 900 patients and the dental side did extractions on about 60. Bob preached, as usual, during the day to groups of adults and children as well as translated for Linda, our nurse practitioner. Besides medicine, toys, toothbrushes, and T-shirts, a case of new tracts were distributed. Everything was received thankfully.

Day 7

The work site was the school in a community called "Caserio Platanares." Though fairly neat and clean compared to some schools we have worked in, there was not a tree to be seen within the school grounds. Even though we were still over a mile high, the sun did its best to bake us through the unshaded roof. The place was pleasant and our combination of Salvadoran and Gringo personnel saw roughly 500 patients on the medical side and nearly a hundred on the dental. Even the pharmacy ran much more smoothly today which Pam attributes to the fact that she finally got the doctors trained right!

When the last patient had been seen and the last prescription filled, the Salvadoran doctors all thanked our team for its efforts and asked if we might not come back real soon since we had barely begun to scratch at the surface of the needs. We, in turn, thanked the Salvadoran doctors for allowing us the privilege of serving the people of such a beautiful country. We and the army loaded up the remainder of the drugs in the pharmacy and our dental supplies and returned to the Health Clinic in Perquin to inventory what was left over and decide what was to be left for the local doctors to use. Tired, but happy, the team returned to the hotel for dinner and bed.

----------some of the statements made by team members when asked to give a brief statement about this mission trip:

"I am tired." - William Dedo (physician)

"God has blessed us all." - Pam Rundle

"We have had a marvelous work week. I thank all of you for coming and helping my country." - Julia Novoa (El Salvador country director for Cross Connection)

"I don't want to leave." - Boyce Adams (teenage boy, first visit)

"Hardest working, most tiring, poorest work conditions and the best time I have ever had. When can I come back?" - Shelby Moseley (nurse)

"I don't have words for it, but it's something I have always wanted to do." - Ed Laman (physician)

"Beautiful people, beautiful villages, beautiful scenery; what an incredible heart warming experience this has been; changed my life forever." Shawn Stubbs (dental assistant)

"The people of El Salvador are beautiful and warm and hard working. I thank God for giving me this blessed opportunity. I will come back again." - Linda Gibbons (nurse)

"It is such a joy to share God's love to so many people in such a compassionate way (i.e. medical missions) in such a short time." - Bob Newton (pastor)