

## OPINION

# It's a sobering state of health care in war-torn south Sudan

Most residents across the region question whether the current peace is sustainable or not.

By RICHARD HUNDT

**G**ORDHIM, SUDAN— By early afternoon the scorching African sun is at its hottest, making the ill-equipped health clinic in the rural village of Gordhim in Southern Sudan even more uncomfortable. There have been marginal developments in the area since the civil war between the north and south ended in 2005, though health care remains largely inadequate.

Waiting patiently outside the doctor's office roughly 40 people sit in the shade of the building; many had walked hours just to be there. Inside the clinic Wanda Laszczyk—the community's only doctor—asks the young mother what's wrong with this baby. Her question is then translated into Dinka, the native tongue in Sudan's south. Laszczyk is from Poland, but works with a German agency.

After examining the young child Laszczyk turns and says, "The diagnosis is malaria and bronchitis," seemingly two of the most common illnesses in this area. I write the diagnosis and prescription in the patient's personal medical book. The mother is then instructed on

how many times per day she is to medicate the child.

Prior to our trip, the non-government organization we are travelling with, Canadian Aid for Southern Sudan (CASS), coordinated its efforts with Health Partners International Canada (HPIC) to personally carry in over \$50,000 worth of medicine and essential supplies specifically targeted to the region. I am told that HPIC will not ship supplies as unattended regular cargo because of the high risk (and probability) that it will go missing along the way.

Just as we were finishing up with one patient a woman and a soldier suddenly burst into the doctor's office. The woman looks to be in excruciating pain and the soldier's sweat and dirt covered face is clearly distraught. She is pregnant and is in the early stages of labour. The mood in the office quickly shifts as Wanda is forced to tell them the bad news. "We do not have the facilities here to deliver this baby," she explains. "You must travel to Aweil town," a community over an hour away. The village's maternity ward is currently being built and is set for completion in mid-March—although most people believe it will be much later.

The doctor's unfortunate yet necessary response obviously concerns the couple. "You must do whatever it takes to get her to Aweil town," Wanda adds. "Sell a cow and get her to the hospital as soon as possible." By any Canadian standard, her suggestion to sell a cow in order to deliver a baby sounds outrageous, but that's the way it is here. The soldier, still clearly flustered, accepts his fate and helps his wife out of the doctor's office. Given the woman's state it is difficult to believe she will actually make it to the hospital in Aweil. My heart continues to race. Wanda then looks at me, takes a deep breath and says, "Okay, who's the next patient?" And we continue our work.

As insufficient as the health care available in Gordhim is, the locals find themselves in a considerably better situation than many other communities in the region. For instance, two hours away in the village of Rumrol, an internally displaced peoples camp comprised of thousands of people seeking refuge from the current genocide in the western region of Darfur, proper health care remains unsurprisingly scarce.

Upon my visit to Rumrol's bleak three-room clinic I was informed there was no doctor but only a 'watchman' present. The watchman has no medical training and is solely responsible for guarding the medicine that CASS was able to provide from Canada.

Lying motionless atop a thin mattress on the ground in the middle room of the

clinic, a woman could be found, as I found her, with a blanket over her head and body with only her left foot exposed. I was crippled by the terrifying possibility that this woman was dead.

Despite the current conditions of the clinic, it is essential to view the broader picture. Since 2005 the increased stability in this area of Sudan has, in fact, fostered an environment for positive development. A small Canadian flag sticker stuck to a medicine box on the clinic floor suggests more than just its place of origin. It represents that even the smallest gestures can provide a lot of relief. The bright Maple Leaf flag symbolizes both the ability and demonstration of ordinary Canadians lending a helping hand during a peaceful time.

However, most residents across the region question whether the current peace is sustainable or not. Particularly because the 2005 Naivasha Agreement between the central government of the Sudan People's Liberation Army and the Sudanese capital of Khartoum promises an independence referendum in 2011. While some locals are faithful that the south will separate peacefully, many cannot help but feel doubtful. Their disbelief is probably warranted given Khartoum's involvement with genocide in Darfur.

Leading up to this date, the international community should monitor the situation closely. In the end, the resolution to a potential conflict may ultimately rest in preventative measures. Until then, people like Wanda and organizations like HPIC and CASS will continue their dedicated work in places like Gordhim and Rumrol—all in hope that the referendum in 2011 will not unravel the limited development that has been achieved.

*Richard Hundt is a former Liberal staffer who was in Sudan with the Canadian Aid for Southern Sudan.*

*news@hilltimes.com  
The Hill Times*

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