

1

Mission of Mercy

The single-engine ten-passenger Cessna Caravan dipped dangerously low, a mere four hundred feet above the large trees and sparse brush dotting the sands of southern Sudan. I could feel the African heat rising from the earth below. I was flying under the radar to avoid detection by the Sudanese government's high-flying bombers and the fourteen ominous helicopter gunships they had stationed at nearby Juba. Our circuitous journey had begun more than six hours earlier, just before sunrise, in Nairobi, Kenya. There we had filed an ambiguous flight plan so no one could track our plane. We were flying into Sudan clandestinely, without permission and decidedly against the will of the regime in Khartoum, which the United States had formally designated as a supporter of terrorism. Since the United States had no diplomatic relations with the huge African country, we had no passports, no visas, and no official documentation. Nobody in the U.S. government knew our whereabouts or our intentions. Though our plane was full of medical supplies and we were on a mission of mercy, we were sneaking into the Islamic Republic of Sudan at our own risk. We flew first to Entebbe, Uganda, landing just in front of the old, bullet-pocked terminal—the scene, some twenty-two years earlier, of the famous 1976 Israeli commando raid that liberated

nearly one hundred Air France passengers and crew members who'd been taken hostage by Palestinian terrorists. We quickly refueled the Caravan and headed northwest to Bunia in the Democratic Republic of Congo. Then we veered north and dropped to barely above tree level, surreptitiously entering southern Sudan.

We were on our way to the remote region called Lui (pronounced *Louie*), about a thousand miles south of Khartoum, Sudan's capital city, and five hundred miles west of the Nile. There, a makeshift medical clinic had been opened a few months earlier by Samaritan's Purse, the Christian-based humanitarian relief organization headed by Reverend Franklin Graham. No more than an old schoolhouse with one doctor and a few Sudanese assistants—brave and willing, but with no formal medical training—the clinic at Lui was the only medical facility for half a million residents in that part of Sudan.

For the six of us in the Caravan, it had already been an arduous trip, and the element of risk loomed larger as we approached our destination. We were flying into the midst of an ongoing civil war between northern and southern Sudan. The National Islamic Front that controlled the Government of Sudan (GOS)—the same government that harbored Osama bin Laden for five years—was conducting a scorched-earth policy in an effort to wipe out the black African Christians, animists, and non-Arab Muslims living in southern Sudan. In response, a rebel movement known as the Sudan People's Liberation Army (SPLA) had emerged in the early 1980s.

It wasn't easy to distinguish the good guys from the bad guys in this war. They were fighting over water, potentially massive oil reserves, and political clout, their battles fueled by racial and religious resentments. But story after horrible story bore witness to atrocities by the Khartoum regime. The GOS tortured and killed indiscriminately, raping women and young girls repeatedly, and forcing men, women, and children into slavery. Although I couldn't condone everything the SPLA had done, I sympathized with the people of southern Sudan and their plight under the persecution by the regime in Khartoum, and I had come to know their popular

and charismatic leader, John Garang (who subsequently became a close friend), and his ragtag rebels who opposed the forces of the GOS and its terrorist-sponsoring president, Omar al-Bashir. Nevertheless, the medical team of which I was a part was committed to providing medical care to anyone who needed it.

At the time of my first trip to Lui, in early 1998, the civil war had dragged on for more than fourteen years. War had pushed the population into areas where food and water were sparse, leading to widespread famine and disease. More than two million people had already died. A recently intensified aerial bombing campaign by the GOS had forced millions more to flee their homes, abandoning their small patches of farmland or traditional cattle grazing areas.

In Lui, the primitive hospital and a tiny church were practically the only permanent structures, and both buildings were frequent targets of GOS bombardment. This was especially galling, since some of the government's own Islamic troops, captured by the rebels, had been treated by doctors at the facility.

Although I was a sitting United States senator, I was traveling to Sudan as a private citizen—a physician by trade—on a medical mission sponsored by Samaritan's Purse. I'd been invited by Dr. Dick Furman, a general and thoracic surgeon from Boone, North Carolina. He and his brother Lowell for years had taken a month off each year to volunteer their services to fill in for full-time medical missionaries in the developing world. Soon they were recruiting other surgeons to do the same, then medical doctors, nurses, and technicians. Their idea grew and grew, becoming World Medical Mission, a faith-based organization committed to sending hundreds of doctors each year to Third World countries, including some in the most dangerous parts of Africa.

I'd met Dick through my older brother, Bobby, who'd trained with Dick during surgical residency at the University of Kentucky in Lexington. Later, Dick and his wife, Harriet, would visit Bobby and his wife, Carol. During my medical school years, I would join them and listen to the fascinating stories about Dick's mission trips around the world. The stories reminded me of the

time when our dad had taken a medical mission trip to Mexico, using it as a springboard to found a Presbyterian-based medical mission foundation. *Maybe someday*, I thought, *I'll be able to help people around the world, too.*

As for Franklin Graham, I'd met him only once before my first trip with World Medical Mission. I was coming off a plane in Nashville during my 1994 campaign for the U.S. Senate, and we recognized each other. Both of us are pilots, so we talked planes for a while. He told me that he'd just received the gift of a plane for Samaritan's Purse from the head of the Tennessee Democratic Party. Since I was working night and day to unseat a Tennessee Democrat at the time, the last thing I wanted to hear about was the kind deeds my opponents were doing! But then again, Democrats and Republicans are in this world together trying to make it a better place—though with different approaches, for sure.

Now Dick and I were making our way across sub-Saharan Africa on a mission sponsored by Franklin's organization. At the time, few had taken up the cause of the people of Sudan. The major media had barely mentioned their plight, and nobody dared risk flights into southern Sudan—nobody except gutsy, devoted pilots like the man sitting next to me, Jim Streit of AIM AIR, a church-supported group flying out of Nairobi and other mission bases around the world. Jim and his fellow pilots are a rare breed. They could easily be earning six-figure salaries flying commercially in the United States, but instead they choose to serve for paltry wages in some of the most dangerous areas of the world.

Accompanying us to Sudan were Robert Bell, an executive with Samaritan's Purse; Scott Hughett, Samaritan's Purse special projects coordinator and Dick's son-in-law; and Kenny Isaacs, who'd pioneered Samaritan's Purse's efforts in Sudan. And in a passenger seat behind me was David Charles, a young neurologist from Nashville. David had recently completed his residency at Vanderbilt University Medical Center and joined me as a policy fellow for a year in my Senate office in Washington. As I glanced back at him during the flight to Lui, I wondered whether David

was questioning the wisdom of his decision. Little had he known when he'd come to Washington to study policy that two months later he would be flying with me into the bush country of war-torn Sudan!

Now the plane dipped still lower. Up ahead, just beyond a clearing, we saw a makeshift airstrip—little more than a stretch of graded dirt, just long enough to bring the Caravan to a stop. A battered jeep sat next to the landing strip, and a lone fellow stood nearby, holding a cane pole with a plastic bag tied to one end—our wind sock.

I circled the field to make sure the runway was clear of animals, then quickly brought the Caravan down for a short-field landing. No sooner had we hit the ground than I turned around and saw David's face. He was pale as a sheet yet dripping with perspiration, his eyes wide with anguish.

Thinking the bumpy ride (the last hour had been at 400 feet above the treetops to avoid detection from the air) and heat had gotten the best of David, I called back to him over the noise of the plane's engine, "David, are you doing okay?"

"No!" he shouted, pointing out the plane's window. "We're all going to die!"

I followed David's stare and saw a stream of ragtag camouflage-uniformed soldiers running out of the bushes and directly toward the plane from every direction. They looked young, almost like teenagers, but they were all brandishing Russian-made AK-47s, many raising their rifles high in the air as they approached. Regardless of their age, these boys were obviously not to be trifled with.

What did they want? Did they plan to attack us and destroy the airplane? Were they members of the Sudanese government-sponsored militia, about whom we'd been emphatically warned? We had no idea. Worse yet, we had no recourse but to watch and wait. If we tried to turn around, taxi back down the airstrip, and take off again, we'd be an easy target. With so many guns, one of them was bound to bring down our plane.

I looked back at Dick and Kenny. “Are we in the right place?” I asked.

“I sure hope so,” Dick deadpanned, before cracking a hint of a smile.

For a few long seconds, we simply sat there, watching the throng of dirty, disheveled soldiers drawing ever closer to us. None of us was armed, and even if we had been, any attempt at a fight would have been futile. David bowed his head.

A few more seconds passed; large drops of perspiration dotted our foreheads, and only partly from the intense African heat. Finally, Kenny, who was the only one of us who had been to the Sudan before, broke the silence with a joyful yelp. “Yeah, yeah,” he said, his face pressed against one of the plane’s windows. “These guys are on our side!”

“What?” someone gasped.

“Yeah, they’re friends,” Dick agreed. “I think they are here to protect us, not to hurt us.”

Despite Kenny’s and Dick’s reassurances, we took our time opening the plane’s doors. Sure enough, as we climbed out, we were greeted by the warm smiles and friendly faces for which Africa is famous. We tried not to notice the arsenal of AK-47s.

We quickly set to work unloading the food, water, and medical supplies we had brought along—bandages, surgical instruments, medicines, cots, tape, syringes, anything we’d thought we might need. Time was of the essence. Our protectors pitched in, stacking as much as possible in the jeep or on their backs, while Jim Streit refilled the fuel tanks from a fifty-five-gallon drum that we had brought with us. In a few moments, Jim was back in the cockpit, and the Caravan’s propeller cranked up again. Before we’d finished loading the jeep, the plane was already taxiing down the bumpy airstrip. To remain any longer would be to invite a visit from the GOS’s roving Antonov bombers.

Surrounded by the teenage soldiers, we watched as the plane lifted into the sky and headed back toward Nairobi, whence we’d come. I thought, *There goes our lifeline to safety*. No cell phones, no radio, no communication. We were on our own.

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Our armed hosts escorted us a bumpy five miles to what had once been the village of Lui. The dirt road was laced with land-mines, and occasionally our driver took a wide sweep around a warning marker in the middle of the road. We passed the old hospital, a one-story structure that had been bombed out and deserted for more than a decade, with landmines placed all around it during the recent war just to make sure that no one tried to resurrect it.

A little farther on, we saw the new “hospital,” actually an abandoned schoolhouse with the roof blown off. Since the war had started nearly fourteen years ago, it had been far too dangerous for children to attend school. Consequently, an entire generation of young people had grown up with little or no education.

The school, the original hospital, and the town’s first church had all been built by a remarkable and still-revered missionary doctor, Dr. Kenneth Fraser, who’d arrived in Lui in 1920. In the mid-1800s, Lui had served as a regional slave-trading center, and Dr. Fraser and his wife launched their mission work under the very tree where slaves had once been sold. Dr. Fraser’s writings describe how, shortly after arriving in Lui, he performed emergency surgery on a tribal leader’s son who had been attacked by a lion. By saving the boy’s life, Dr. Fraser won the respect and acceptance of the formerly distrustful villagers. In time, he grew his mission to include a medical facility, then a church, then a school, and eventually a prospering village. Dr. Fraser, whose gravesite behind the church is still respectfully visited today, saw healing built trust, something we would experience in a similar way eighty years later.

From the late 1980s and through the mid-1990s, war decimated the village. Those who were not killed were driven off or were living in the bush. Through arbitrary bombings and surprise ground attacks, the GOS prevented the displaced villagers from mounting any resistance or resuming normal life. What remained of the village had been under government control until about two years before our arrival, when the SPLA finally drove

out the government troops. As mentioned, the entire area around the old hospital was still laced with landmines, buried there either by the GOS troops or by local SPLA rebels. The landmines killed so many that the former residents feared returning. Lui was a ghost village. Samaritan's Purse had established a reputation of integrity as a humanitarian, Christian relief organization, so Kenny Isaacs and his team were asked to consider providing medical help to the region. They began working in Lui in late 1997, just months before our surgical mission team landed. By that time, the village's population barely topped 250 people. There was no commerce, no stores—just a church, the abandoned hospital, and the deserted schoolhouse. Samaritan's Purse transported metal sheets all the way from Nairobi, Kenya, to make a new roof for the school. Inside, they set up an examining room and a makeshift operating area and cordoned off a couple of wards, crowded with about twenty beds—all this in what had been a two-room schoolhouse.

After a lot of grunt work, the facility was finally ready for patients. But the people were still scattered in the bush. Nevertheless, as soon as Samaritan's Purse brought in a surgeon, word traveled quickly, and people began to come out of the bush. When a family brought a sick relative, they quickly threw up a *tukul*—a mud-walled, thatched-roof hut—to stay in. By the time we arrived, the *tukuls* surrounded the abandoned school, and Samaritan's Purse had put up a fence made of cane, sticks, tree limbs, and twigs to define the hospital compound.

Our hosts led us to the *tukuls* where we would be staying. We noted the sign posted above the entrance gate: “No spears, daggers, guns.” Pulling aside the cloth that served as a door, I ducked inside the *tukul* and glanced around. It was a space about ten feet in diameter, with a mat on the hardened ground and a fire pit in the center in case the weather turned cool at night, as it often does under the clear African skies. I dropped my backpack and headed immediately to the hospital. Dick, David Charles, and I were curious to see the place we'd be working for the next week.

We were walking toward the schoolhouse when somebody called out, “Stop! Don’t move!” We froze as the voice continued to call out. “Stay on the path! There are landmines everywhere.”

One of the Sudanese staff members walked up to us and deliberately explained, “If you hear an airplane, run for the outcropping of rocks over there,” pointing behind the building. “Or dive into one of the bomb shelters you see dug in the ground near the *tukuls*,” he pointed. The “bomb shelter” was nothing more than a pit, five feet deep and three feet wide. “Seek cover immediately,” our host said. “Our protectors don’t have any planes, so if you hear one, you can be fairly sure it is not a friend. The bombers usually loop around the hospital, getting their marks, and then it takes about two minutes for them to circle back to drop their bombs. So you have two minutes to reach safety—no more! But whatever you do,” he added, “stay on the path! Landmines can be anywhere. We’ve had many people killed and a number of people badly maimed by shrapnel.”

Dick, David, and I proceeded, walking gingerly toward the hospital, our eyes now glued to the narrow, well-worn dirt path. Once inside the schoolhouse, with the old, large black chalkboards still hanging on the far wall, we met with the Samaritan’s Purse doctor at the hospital, who informed us about several of the patients on whom he wanted us to operate the following morning. As I listened to the doctor present the patients to us in the dark room (of course, there was no electricity), I wondered how in the world we would be able to operate in these primitive conditions. There was no anesthesiologist, no trained nurse, no electricity (except what we could produce with the small generator we’d brought with us), no array of surgical instruments to choose from, no gloves or gowns. It was a long way from the modern facilities I’d grown accustomed to at hospitals like Boston’s Mass General or Nashville’s Vanderbilt.

And then there were the cases. I was trained as a general surgeon and specialized further in chest and heart surgery. But the cases being described were way beyond what I’d read about in

my modern surgical books—pathologies that I didn't think could exist in the twenty-first century. But they do, not just in Sudan, but all over the developing world.

That night, as I lay my head on the mat in the *tukul*, searching for some much-needed sleep, I thought, *This is going way beyond anything I have ever done*. Talk about being out of my comfort zone.

The following morning, I awakened long before dawn. Dick and I took a run, being careful to stay on the beaten paths. Then I took a cold shower under a bucket tied to a tree before heading over to the hospital. At the makeshift operating room, we boiled some water in a tin coffee pot, then let it cool enough to wash our hands with a bar of soap, trying to maintain as sterile an operating environment as possible. With no electricity or running water, and with windows open to counter the sweltering heat, the buzz of mosquitoes in our ears, and occasional animals wandering by just outside the room in which we were operating, true sanitation was simply not possible, but we did our best.

We had no shortage of patients, not just from the surrounding bush but from all over southern Sudan. Word spread fast that you could be cured in Lui by some American doctors. Patients arrived with diseases and medical conditions that had been neglected for years, as well as with newfound hope for treatment and possible cures. The clinic built trust.

A typical case we encountered was a man with a massive hydrocele—a testicular mass as large as a football. The young man could not work in the fields or even walk without the aid of a wheelbarrow-type contraption that he'd made to carry the mass as he stumbled along. You simply don't see that sort of extreme pathology in America, but such cases were not at all unusual in Africa. We worked for several hours to remove the mass and fix the hydrocele, allowing the young man to function normally, work in the fields, and provide for his family once again.

As Dick and I were operating, the assistant who'd helped prepare the patient for surgery told us of her seventeen-year-old son who had died because of an obstruction in his intestines due to a

hernia of the abdominal wall. No treatment for the boy's malady had been available anywhere in the region. We soon learned that throughout southern Sudan, especially among certain tribes, there seemed to be a congenital weakness of the abdominal wall that led to a proliferation of inguinal, or groin, hernias. Incarceration of these hernias, whereby intestines get trapped in the narrow opening of the hernia and lose their blood supply, was the leading cause of non-war-related deaths among young Sudanese males. A hernia repair is one of the simplest operations I know—yet such basic life-saving medical treatments were largely unavailable here.

We operated in the tiny schoolroom all day alongside the local Sudanese assistants who were learning the procedures. We were astonished by their indefatigable energy. When the sun went down, we worked by flashlight. One person held a pair of flashlights over the patient while the rest of us hurried to complete the operation before the batteries went dead.

Such was the week: long days of work followed by quiet nights around the outdoor dinner table, talking with the faith-based mission team who provided support for the clinic—an amazing group from around America who were spending their lives in service to others.

During our last case on our final day before departure, a message came to the operating theater that a patient in the recovery room wanted to see “the American doctor.” By that time, all I wanted to do was to go back to my *tukul*, wash up, tumble onto the mat, and fall asleep. But I couldn't refuse this last request. Dick, David, and I walked next door to the one-room hut that we were using as a recovery room. In the darkness, I could vaguely make out the silhouette of a man lying on a bed in the corner. Drawing closer, I saw white bandages covering the stump of what had been his left leg; a similar dressing covered his right hand.

But what drew my attention was not the man's injuries, but his bright smile, a smile that, even in the darkness, seemed to illuminate the man's dark brown face. I noticed a Bible beside his

bed, not an unusual sight at a Samaritan's Purse clinic. I leaned over, put my hand on the man's shoulder, and through an interpreter, I asked why he wanted to see the American doctor.

The man told me his story. Two years earlier, his wife and children had been murdered during the war. Even as he spoke of the atrocity, he continued to smile, and his eyes remained bright. I nodded as I listened, my own heart breaking at the thought of losing my wife, Karyn, and our three boys in a senseless, seemingly endless war. I knew there was no way I would be smiling.

"Then eight days ago," he said, "I stepped on a landmine. I lost my leg and my fingers." He raised his hand slightly, so I could see that most of his hand was gone. And yet he continued to smile.

I nodded again, trying desperately to understand. I listened as he told how he had been brought to the hospital at Lui from about twenty kilometers away, and how the American doctor had saved his life.

Finally, I couldn't resist the obvious question. "Why are you smiling?" I asked. "Or should I say, how can you possibly be smiling?"

"Two reasons," he said through the interpreter. "One, because you come to us in the spirit of Jesus. And two, because you are an *American* doctor."

"What do you mean?" I asked.

The man rose up on the bed as best he could on his mutilated limbs and uttered words that would remain indelibly impressed in my heart. "Everything I have lost," he said, his eyes bright in the darkness, "my family, my leg, my hand—will be worth the sacrifice if my people can someday have what *youbave* . . . in America." He paused, then spoke as if uttering a prayer: "Freedom. Freedom to live and worship as we please. The freedom that America represents."

I swallowed hard. I looked up at Dick and David, and I could tell that they, too, had been moved by the man's statement about the values that so strongly characterize the United States.

Over the years, I've been back to Africa many times. I've made medical mission trips to the Congo, Uganda, Kenya, Sudan, Tan

zania, and Mozambique. I've never seen that man again, and I probably never will. But I've never forgotten his smile and his heart.

Moreover, in recent years, I have become increasingly convinced that medicine can truly be a currency for peace in our world—a way for America to reach out in friendship and compassion, creating lasting partnerships with people on every continent. Looking back, the awareness of that truth may have begun in that dark room, fostered by a man who had lost nearly everything but his faith in God and his hope for freedom.

Long after Dick, David, and I boarded a plane and flew back to America, Samaritan's Purse continued working in Lui. I would go back there regularly every year or two on mission trips to do surgery. In 1999, the hospital moved from the schoolhouse back over to the original hospital, the area around it finally cleared of mines. And then, after locals could fully assume all of the responsibilities of running and staffing the hospital—ten years after our original trip—Samaritan's Purse transferred control of the hospital to the local community.

That first trip to the Sudan opened doors of personal and spiritual growth for me. I've discovered that serving other people who have no means to pay you back is addictive in a strange, almost incomprehensible way. I've also made a point of bringing one of my three sons each time I go to Africa. I want them to see the raw humanity, the resilience of the human spirit, the poverty, the squalor, and the disease up close, firsthand—so they'll understand how much we Americans take for granted, and, more important, so their hearts will be moved with compassion and recognition of the joy one gets in serving others.

Several years later, Franklin Graham met personally with Sudan's president, Omar al-Bashir. "Mr. President, as you know, Samaritan's Purse has been helping the people of Sudan in many ways," Franklin reminded him, "not the least of which is the hospital in Lui." Al-Bashir looked at his aides and caustically asked, "Didn't

we bomb that hospital?” The president and his aides burst out laughing.

Franklin’s response was ready. “Yes, Mr. President, you did,” he said. “But Mr. President . . . you missed!”

In fact, after my first trip, the area around the hospital was bombed seven more times, and many lives were lost and much property was destroyed, but the local survivors—with the help of Samaritan’s Purse—made repairs and carried on. And as the hospital grew, so did the community.

Over time, the village of Lui has grown to more than fifty thousand permanent residents. Samaritan’s Purse constructed a new ward in the hospital, a tuberculosis treatment facility a few kilometers away, a chapel, a nursing school (the first in southern Sudan), and an extremely active outpatient treatment center—an open-air, thatched-roof sort of veranda that is constantly crowded with patients. They drilled three wells to ensure the supply of clean water. By 2009, the hospital had expanded from a twenty-bed facility to nearly one hundred beds.

Today, the hospital at Lui is one of the best-equipped medical facilities in southern Sudan; almost three thousand patients from all over southern Sudan are cared for every month at the facility. Each month, more than a hundred patients have their tumors taken out, burns excised, spears removed, bones set, and hernias repaired in one of the two operating room theaters. In the process, Samaritan’s Purse has trained local men and women in management and the prevention of HIV/AIDS, as well as modeling compassionate care for those already afflicted. Interestingly, except for tribal conflicts, the fighting in that area has stopped.

Medicine breeds understanding, hope, and peace.

When we first started going to Lui, no market or commercial activity existed there. Then, as the hospital proved that it was in Lui to stay, families set up a few tables in front of the facility, from which they sold a bit of tobacco or maize. Sometimes, patients’ family members conducted their business outside the hospital as they waited for their loved ones to recover. Over time, the few tables increased to more than twenty. The following year when

we returned, I noticed people at a series of stalls selling not just maize and tobacco, but produce as well as homemade apparel and sandals. Eventually, the local merchants expanded to peddle many other items. It was a return to civilization, to commerce, and to normal, hopeful living. And it all began with a dream and a deserted schoolhouse.

I'm convinced that the growth in Lui is a model of what can be done to build trust on a larger scale around the world when medicine is used as a currency for peace. Since this trip to Lui, I have made annual medical mission trips to the developing world. I go as a doctor . . . as a volunteer. I don't go with security. I don't go with press. I've had the opportunity of operating on the complications of tuberculosis in Mozambique, treating patients for extreme dehydration in a cholera hospital in Bangladesh, giving vaccinations to children in Darfur, and repairing life-threatening hernias in southern Sudan. And in Botswana and South Africa, I witnessed how a single virus HIV could hollow out society—an observation that I would soon take directly to the floor of the U.S. Senate and to the president of the United States. In the Congo and in Sudan I've learned a useful lesson: People don't usually go to war against people who helped save their children. While the world often sees America's tougher side—our military might and our economic prowess—when people around the world see America's more compassionate, humanitarian side, the barriers come down, and peace becomes possible.

America's humanitarianism and the innumerable volunteers from organizations like Samaritan's Purse rarely make the headlines or the evening news. Yet this is one of those things that makes America great—the fact that we are a country filled with people who care for those who are less fortunate, people who will give of themselves not only monetarily, but with their very lives, people who actively demonstrate a heart to serve.