

Bombs, Bullets, and Bread in Biafra

Ministry in the Midst of War and Kwashiorkor

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It's the morning of September 4, 1968, at Ebem, Biafra. Hundreds of people—mostly women and children—are seeking help but mostly hope. A young mother walks toward me holding the hand of a child who waddles along as a drop of serum from an ulcer on her ballooned-out feet falls on the dusty road. The child is gradually dying from lack of protein in her diet. What can we do? We give her seven vitamin tablets, then move on to the next dying child.

When I get back to Abiriba, as I walk from the hospital to our home feeling helpless and desperate, I hear a voice from beyond. I know it is not my thought, but I also know I did not hear it with my ears, so what is it? The voice says, “These are my children; I hold them in my hand.” (It seems quite absurd, but these words have given me an assurance and peace that is available to me even now, fifty years later.)

Becoming Medical Missionaries in Nigeria

In 1960 Nigeria gained independence from Great Britain, and five years later, one week after being married, we went to experience this new country. Our Norwegian freighter ploughed across the Atlantic, nosed in at ports along the West Africa coast, and dropped us off at Port Harcourt. In September of that year, my wife, Evie, and I began serving as medical missionaries at the Akahaba Abiriba Joint Hospital, which was administered by the Mennonite Board of Missions and Charities (MBMC), the precursor to Mennonite Mission Network. Our work took place over the course of three and a half years in the midst of what would become intense and sometimes deadly conflict. Several groups of people were involved: the Nigerians and Biafrans and different tribal groups among them, the mission workers—both medical and church-related,

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including Mennonites and Scots Presbyterians—the North-American-based mission administration personnel, and the soldiers.

This account is of our personal experience with the interaction of these groups. We are not claiming to speak authoritatively, except for ourselves as on-site medical mission workers. However, what we have to relate can readily apply to other similar situations. The following is an account of what we experienced, mostly as recorded in personal letters and reports to which we had personal access. At the end of this article, we share some of our general conclusions about mission and ministry in conflict zones.

Serving in Biafra

We're eight months into our term, taking the morning to enjoy some time off in Enugu, the nearest large city, when Nigerian soldiers occupy the streets and we learn of a coup by left high-ranking Igbo generals who have taken control of the government. A Mennonite Central Committee (MCC) volunteer service worker from the north, Ken Yoder, tells us that five hundred people have been killed in Kano and that the Igbo and Hausa tribes are fighting each other. Earlier, the British had drawn boundaries that enclosed ancient tribes of many long-standing rivalries, the largest being the Hausa in the north—who are mostly Muslim—the Yoruba in the southwest, and the mostly Christian Igbos in the southeast, where we live.

Within a couple months, another coup removes the Igbo leaders. The talented, well-educated, and aggressive Igbos, working in top jobs in the north, are targeted and many thousands killed. Abiriba, a town of seventeen villages and a population of fifty thousand, has been home to many Igbo traders working in the north, who now begin streaming home. Several of these persons with high-ranking governmental jobs are fearing for their lives and plead with us missionaries to write out medical statements saying that because of health reasons they must stay in Eastern Nigeria. In the midst of life-threatening conflict, how does a missionary respond to very personal requests like this? Does extending God's shalom include helping to safeguard another's livelihood?

The political situation becomes more and more tense, and Evie writes:

I worked out a disaster plan for the hospital, which really impressed a visiting doctor from the Ministry of Health, but being in the "bush," we won't get casualties like the city hospitals. And we are not big heroes and will do whatever the Mission Board and the Consulate recommend.

Little did she know that within six months we would be two of just a few expatriate medical people left, with hundreds of war casualties staggering through Abiriba's hospital. Fortunately, we were able to hire an additional doctor, Dr. Udoji, who fled from Lagos. He ended up working with us through the difficult next two years.

In May 1967, the eastern region of Nigeria seceded, calling itself Biafra, which prompted the Nigerian government to block all services to Biafra, such as air flights, mail, and commerce. This action also cut off all sources of protein for the Biafran diet, including beef, beans, ground nuts, and vegetables from the north; fresh fish from the sea; and a staple of imported dried fish. This led to severe protein malnourishment and death.

MBMC's primary work in Nigeria had been with churches in the southern part of the Eastern Region.¹ Because of the political unrest, however, their work ground to a halt and the schools were no longer functional. This left the missionaries, the MCC teachers, and the Peace Corps volunteers with no jobs.

On June 3, 1967, Evie writes:

Last night about 6 p.m., a big white U.S. AID car drove into our driveway, and I knew right away what that meant. The U.S. man (from the U.S. Consulate) told us we must prepare for evacuation, and all dependents were to leave the country. The government employees' dependents were required to leave, but the mission people could choose. So the people on the compound (the Mennonite missionaries staying near the hospital) met right away, trying to decide what should be done. We decided to send the Hertzlers—Mrs. and the children—home on the first evacuation. Anyone on the field with children are leaving the region....Lloyd Fisher (the country coordinator for MBMC) came over today and said he would go to the Ministry of Health to see what he could do about the hospital.

About six weeks later, in a letter dated July 20, 1967, Evie writes:

About two and one half weeks ago, the Americans were advised to leave, so about half of our missionaries left the country. Then two weeks ago today, Fishers came down from Enugu and said we must all leave and that things were really bad. Well, we all packed to leave and kept thinking we'd go any day, but things are quiet here and we just couldn't leave the place without a doctor. Dr. Hertzler left about three weeks ago so we're alone again. The weekend when everyone was leaving, Wally had three emergency surgeries, etc., so he didn't even think about leaving at such a time. As a result, we are presently the only Mennonites (expatriate) in Biafra, us along with the Gingeriches and Martha....I guess this is really the time for us to be here—the people are so anxious, etc. We have two different tribal groups on our hospital staff, and the tension between them is high. The minority group feels safe as long as the Bekees (the local vernacular for expatriate whites) are here.

¹ Missionaries from the MBMC were invited by these churches to work alongside them in their growth and development. The growing Mennonite Church Nigeria has recently celebrated its sixtieth anniversary. For information see Monday Ekpo, "Mennonite Church Nigeria Turns 60," *The Mennonite* 22, no. 2 (February 2019): 29.

From this time on, only an occasional letter finds a circuitous way in and out of Biafra, and we have no dependable communication with home for a nine-month period.

In September 1967, Evie writes:

With the help of the British and the Russians, the Nigerians are sending over bombers, trying to alarm everyone. The people are really scared of airplanes—many have never seen one before, and I'm beginning to be a little affected myself. When one goes over the staff, patients who can, run for the bush. A few handmade bombs have been dropped some places but have not done much damage.

And then in December she writes:

Last week we received news that the Biafran Army is taking over part of the Abiriba Hospital as they had to evacuate their hospital in Calabar, eighty miles south of us, due to bombing, and so today we got our first batch of wounded soldiers, and ever since this place has been impossible! It is really something to get anywhere from five to fifteen seriously wounded people at once. I have been working primarily in the operating room assisting with all the amputations and suturing of wounds. The army sent their own doctors to care for the soldiers, so we are relieved about that, but our staff are helping them. We are now running low of drugs and don't know when we will ever get more.

By March 1968, everyone's nutrition is severely stressed, and we've run out of powdered milk needed for some infants. Evie makes up a milk substitute with the main ingredient being the few beans we can find in the market. Needless to say, we are running low on surgical supplies and medications. Evie writes:

Planes still come over every once in awhile, but the air raids haven't been as plentiful lately. The war will set this country back ten years or more with so many schools, hospitals, etc. being destroyed. And what are the styles for Easter this year?? Mini skirts still in style?? What are the hair styles?? Can I come home with my boy cut!!?? Do Mennonites still wear coverings???

The following month, several people with strange wounds come to be seen. One man with a huge, two-day-old slice through the muscles in his neck and still walking describes the wound as an attempt to kill him. Gradually the story comes out: There are several villages of the Ibibio tribe about ten miles southeast of us, where we make regular supervisory-consultative visits to a dispenser and midwife at a village health center. Igbos have accused them of assisting the Nigerian army in infiltrating the area and have killed hundreds, wounded dozens, and burned the villages. Evie writes:

It was a terrible thing. As a result, we now have many refugee camps nearby, each with thousands of refugees. There are many motherless children now, and many injured children who watched all the killings. All of our Ibibio staff were taken to Umahia for questioning, and so far only one has returned. It is a disgusting and tragic situation.

One of our letters gets through to North America via Evie's parents to MB-MC's Secretary for Overseas Missions, Wilbert Shenk. After reviewing our situation, Wilbert writes this in a letter dated May 22, 1968, to Evie's father:

(This situation) raises in a new way the question of how the Christian can continue to be present in such a situation and still maintain the integrity of his witness. This plus the fact that it is apparent their medical supplies are running lower and lower (not to mention the fact that their vehicles have now been commandeered) has led us to encourage the group at Abiriba to leave Biafra unless they know of some compelling reasons to the contrary...I am reporting this to you in confidence since we do not want to make this public as of now. Ultimately, of course, only those right on the spot can decide how important it is that they stay...We are attempting to get this message to them in a special way via the Church of Scotland office.

The Mission Board was in a tough place—worrying about “integrity of witness,” worrying about how the Nigerian government would view their work in the southern part of what was the Eastern Region, pressure from families and concerned individuals, and finally the pleading of Evie, reflected in her July 1, 1968, letter to Wilbert:

I don't know if you are receiving our letters or not, but we'll continue to write....The malnutrition problem is really getting terrible. I'm sure ninety percent of the children here are malnourished and many severely malnourished. There just isn't any food anymore, and hundreds are dying daily. We got some powdered milk and eggs last month from WCC, and we are giving out a mixture daily to two hundred children, but our supply is almost gone and each day we keep hoping the Red Cross will fly in more. We are wondering if the church at home couldn't do something to get food into the country. It would really be appreciated. We can hardly stand to see so many people starving.

A few erratic relief flights come in May 1968. Evie writes:

The Nigerians are asked to shoot down any relief planes landing in Biafra. The airstrip, once a road, also used to bring in ammunition, is only half as wide as needed, and with the rains, pilots are very reluctant to fly in—especially since everything must be done at night. Last week a Red Cross plane carrying four passengers crashed as they were landing, and all were killed....A man visiting from England who is in charge of programs for starvation in India said this is worse than anything he has seen in India or

anywhere else. Last week only one out of four flights was able to land.

About this time, Wilbert received a letter from a Mr. Bernard who had heard the following from Mr. Somerville, a Scots Presbyterian missionary who lived about ten miles west of us:

Even though the group (at Abiriba) has completed three years, they give every evidence of not wanting to leave their work.

And Wilbert adds:

This communication also give assurance that there is a close working relationship between the group at Abiriba and the other missionaries in Biafra and that they look out for the welfare of each other in a commendable way.

About this time, David Duncan, an engineer with the mission from the Church of Scotland, came to live with us, giving invaluable help in keeping our generator going for surgery and for two hours each night. In addition to this, he taught us how to play hearts, and from him I took my one and only puff on a cigarette. Yes, we enjoy good support and fun with other missionaries in the same boat.

On September 3, 1968, Evie writes:

They are starting their terrible bombings again. Last week another hospital and refugee camps were bombed. It is really terrible. We can sympathize with the fears of the Igbos that they will be slaughtered if the Nigerians come in....Supplies have been coming in fairly well the last several weeks. This past month we have been better off for supplies than we have been for months.

By mid month, we hear that a Swedish Red Cross team is available to give us a break. To prepare for Evie, Wally, and Martha to get away for a few months, we appoint Dr. Udoji as medical superintendent of the hospital to manage the inpatient and outpatient care. The Swedish doctors will cover emergencies and surgeries, and the others of the Swedish team will continue the nutritional feeding programs, of which many are in process. Unfortunately, supportive visits to the village health centers will have to stop. With these preparations, the three of us fly out through the night, sitting on the floor of a shaky DC-7.

Martha arrives home before us and debriefs with MBMC. James Kratz, Associate Secretary for Overseas Missions, writes five summary comments. Two are listed here:

- (1) It seems very important that as a Church and as a people committed to a ministry of reconciliation, that we remain open to help people regardless of their political position.
- (2) There is already considerable interest among our constituency to re-

spond in compassion and loving service to this tragic situation. We do anticipate participating in relief and reconstruction when this is possible.

Evie and Wally arrive in Goshen on October 11, 1968. Among the opportunities to share about our experience is speaking in the chapel service at Goshen College. After the service, six students—who are ready to return with us to Biafra to help—call a meeting for that evening, and twenty students meet to consider their involvement. On November 8, James Kratz writes in a report:

Some twenty-five students at Goshen College have become intensely interested in the Nigeria/Biafra question. Dr. Wallace Shellenberger has been in contact with this student group, and Vern Preheim (MCC Director for Africa and the Middle East) and I met with the students two weeks ago. A level of spiritual commitment has come out of this, for which we are grateful and which must be taken seriously. There are some who have deepened their long-term commitment to Christian service, and there is also a group who would be ready to abandon their present study program to offer their personal services in a relief program if and when such a need arises. We have been in contact with the leaders of this group and with Atlee Beechy, who has served as a contact person between MBMC-MCC and the college students.

...We solicit your prayers, support, and counsel as we try to discover the next move in this very complex and difficult situation.

The “complex and difficult situation” for MBMC is further born out by the next step—meeting with the American Friends Service Committee (AFSC). Since MBMC, MCC, and AFSC have mutual interests in being involved in service to Nigeria and Biafra, the eventual agreement is that MBMC-MCC will loan personnel to AFSC for work in Biafra, and AFSC will assume the responsibility for the medical work at Abiriba. This will keep MBMC and MCC in the background, addressing the fear of some possible detrimental effect interfering with the Mission Board’s ability to continue working with the Mennonite Church in Nigeria.

The tension experienced by MBMC and MCC is further illustrated in a letter dated November 26, 1968, from Vern Preheim to the team:

We want to avoid big headlines even in Mennonite publications, and we want to try to avoid any publicity in the general press. The reason obviously is that too much publicity on these efforts would jeopardize our ongoing program in Nigeria, including the relationship of the mission board to the Nigeria Mennonite church.

Within the next three weeks, this plan is implemented. MBMC and MCC loan Evie, Martha, and Wally to AFSC, and MCC recruits another physician—Linford Gehman, who has just completed three and a half years of ser-

vice with MCC in Viet Nam—and loans him also to AFSC. The Goshen College students, MBMC, and MCC ask Atlee to accompany the team into Biafra and bring back a firsthand report of what assistance is needed.

Airline tickets are secured for December 15. Bouncing on bags of the nutritional supplement, powdered eggs, and milk, we ascend into the darkness, flying from the Portuguese island of Sao Tome toward Biafra. Thirty minutes later, we descend into Biafra in total darkness to be greeted with ten seconds of airway lights as we hit the ground. Evie, Martha, Atlee, Linford, and Wally then make their way to Abiriba for what awaits them.

Two weeks later, Atlee left Biafra in a similar manner as his arrival. In the book *Seeking Peace: My Journey*, he writes of his visit to Biafra and feeling “overwhelmed by the suffering, my emotions overloaded and numbed.” Continuing to speak of his departure from the Biafran airstrip, he adds:

To break the numbness of overloaded emotions, I try to keep open to the human and humorous in my peace journey. It was midnight. I was on the darkened Uli (Biafra) airstrip waiting for the supply plane to be serviced for my flight out to the island of Sao Tome. Someone cried, “Hit the trenches, the Nigerian bomber is coming.” I jumped into the nearest one only to discover I had landed on top of a Catholic priest. He graciously said, “Welcome to my humble shelter. Please excuse my crowded quarters.” The shelter was two feet wide, four feet long, and four feet deep. We agreed that God’s Spirit creates ecumenical gatherings in unusual settings! The friendship bond was strong. The Nigerian bomber’s aim was good from our perspective, his bombs falling some distance from us.²

Soon after our arrival at Abiriba in January 1969, Evie writes:

The Kwashiorkor (medical term for severe protein malnutrition) isn’t so obvious, but I’m sure many of the children have died. As we walked through Abiriba, I was struck by how few the children were. The hospital is really crowded. There are about one hundred in-patient civilians and at least two hundred soldiers. That is pretty good for a one-hundred bed hospital.

Four of the Swedish Red Cross staff remain, working with the feeding programs in the surrounding villages, and we resume visits to the outlying village health centers, distributing much-needed medications. We now have a good supply of medications and dressings, but the army is very short on both and continually pleads for things. Evie writes:

We hardly know what to do, as the drugs and dressings are sent for “peace interests only”! They are not to go to the army, but you can hardly see wounded people suffering from lack of drugs and dressings and refuse to

² Atlee Beechy, *Seeking Peace: My Journey* (Nappanee, IN: Evangel, 2001), 99.

give them some when your own supplies are overflowing.

Evie relays an interesting story:

Apparently while we were gone and the Red Cross people were living in our home, some people stole our radio, dishes, Tupperware, buckets, etc. When we wrote back and said we would be coming back, the chiefs of the villages ordered a big search of the town to find the things that were stolen. Nearly everything was returned to us. That's pretty good I think, and shows how over the years the hospital personnel have won the respect of the local people.

Later, Evie writes:

We were in Umuahia for a World Council of Churches meeting, and I was sorting out food with five other women when we heard that the Nigerians were sending their planes over. We heard this thing above us, and we all automatically ran for the bed. I was the last one there and could only manage to get my head under since it was so crowded. The bombs exploded about one fourth of a mile from our building, killing eleven people. Afterward I had to laugh to think of us all under the bed, with legs sticking out on every corner and one lady squatting behind a door. No one appreciated the humor of the thing as I did.

The military doctors are becoming a headache. We try to co-operate with them, but sometimes it isn't so easy. They have been crying on our shoulders about how all their wounded soldiers are starving and asking us for relief supplies. We told them our supplies are only for civilians, but as I walk through their ward, I don't have a clear conscience to see all their skeletons there, so we decided we would prepare meals for one hundred twenty wounded soldiers within the hospital, but they said no, they wanted the raw supplies. Well, something sounded pretty fishy about that, and we said meals or nothing. They finally decided to let us feed the patients like we wanted, so now I have had to try to find ways to feed one hundred twenty extra patients. Another thing about the military is that the other day the maternity building in a village about five miles from us was strafed several times and several people killed. The military officers here got on their high horse and said we have to keep people away from the hospital. In talking to them, I said God has protected this hospital from air raids for the past one and one half years and will probably continue to do so. The major replied: "God, who's God!?" It really is amazing that we haven't been disturbed. This must now be the only hospital in Biafra which has not been attacked by the fighters.

On February 28, 1969, Linford writes:

I was in the operating room doing a skin graft on a thirteen-year-old boy who had been in traction for over a month with a broken femur from

a shell wound, when in the distance we heard sounds of explosions followed by the noise of engines. About two hours later, one of the staff came to inform us that a lorry full of casualties had arrived from Ozu Abam, about ten miles south of Abriba, where a busy market had been bombed. The lorry indeed was full—full of shattered victims and full of blood. We worked for thirty-six hours—the military doctors repairing the abdominal wounds and we the amputations and lacerations. It was so massive—the loss of life, the loss of blood, and when I saw a bucket full of amputated limbs, I despised the chiefs of staff who sit at their desks plotting war. I walked to an operating table, and there was a seven-year-old girl who greeted me half fearfully, yet trustingly. I could hardly see for a half minute. She calmly took the Fluothane mask and went to sleep for me to fix her mangled leg.

Following this episode, Nigeria denies that their planes did this bombing, and Evie writes:

We had reporters from N.Y. Times and several European magazines here at the hospital taking pictures and can testify that the planes weren't "grounded." We now have four hundred patients in the hospital, and they are lying everywhere. The last days I have been out trying to find food to feed them properly. We are continually amazed that the hospital has so far been unharmed and contribute it to the fact that many people are praying for the safety of the place.

There is a lot of work, a lot of agony, and a lot of empathy for the people, but once in a while we have a change of pace, as Evie notes:

We have been having a lot of guests since we returned. Word has gotten around the relief workers that this is a nice place to "get away." So each weekend someone has been asking to come and visit. We enjoy having people, but it is so difficult to prepare meals.

It's March 30, and the Nigerian forces are within shelling distance of the hospital. Some shells have exploded within sight, so we will move the hospital to a school near Ohafia, about ten miles east of Abiriba.

Needless to say, it was a long and tedious task moving non-ambulatory patients, staff, and equipment. Linford and Wally stayed in Abiriba to finish up, but the next morning when shells "came whizzing by," as Evie says, we joined the rest at Ohafia. The army doctors, in the meantime, moved their patients toward the center of what remains of Biafra.

Two days later, the Nigerians were nearing Ohafia, and shells were falling nearby, so we moved again, this time more into the bush to a school in Ozu Abam. We repeated the same agonizing steps we had taken just a few days earlier. Linford writes:

We are in the process of setting up a functional bush hospital replete with operating facilities. With the army doctors gone, this leaves the whole region east of the capital, where the hard fighting is going on, devoid of military medical facilities. At the present time, we are sending wounded soldiers to Queen Elizabeth Hospital in Umahia for definitive treatment.

A week later, the direct route from our hospital to Umahia, the center of what remains of Biafra, was cut off by Nigerian forces, leaving open only a long, circuitous route to the south. The four of us decided to move near the center. Evie writes:

We are now living with about twenty World Council of Churches (WCC) expatriate workers who have come out from our area. It is most interesting to be living with people from so many different countries. The surroundings are very primitive, and a modest person would find the conditions most embarrassing! There are four women and twenty men sleeping on air mattresses—I am sleeping between Wally and Herman Middlekoop! There is a pit latrine outside in the open, and in the morning you greet people as they pass by while you sit on the latrine! No one seems to mind, though.

So by mid-April, Evie and Wally are doing outpatient clinics among the many refugee camps and villages while Martha and Linford spend a couple days going to the hospital at Ozu Abam; it takes most of a day to get there because of bad roads, rains, and breakdowns. Dr. Udoji, the Nigerian doctor who worked with us in Abiriba, along with Dr. Odim, a native of Abiriba, are working daily at the hospital and its outpatient clinics. This hospital is the only civilian hospital functioning in the eastern part of Biafra.

Linford joins Evie and Atlee in celebrating humor at a time like this. He writes to the AFSC office:

I received a very interesting memo from Gertrude Schorle, bless her, requesting information regarding liability insurance: "Address: ____ It has changed several times recently and likely to change some more. Our present house has about 1200 square feet of floor space, is neither rented nor owned by us, sets about 100 yards of palm trees and cassava shoots from the highway, and has no elevator. You may add, however, that the compound has been twice bombed and is within clear sound of the war front.

We continue working, as noted above, until late May when we (Evie and Wally) leave Biafra. Martha and Linford continue to regularly visit and work at the hospital at Ozu Abam in addition to working at refugee clinics in the central area. The last letter we have—dated December 28, 1969, from Martha—is when they return from their final visit to Ozu Abam, unable to go back because of the bridge over the Imo River being blown up. Dr. Udoji and Dr.

Odim were staying on at the Ozu Abam hospital while Martha and Linford were continuing to work in the refugee clinics in the western part, near the airstrip, in what remains of Biafra. Within a week of writing her letter, Martha and Linford return safely home, shortly before the Biafran army surrenders on January 7, 1970.

Held in the Hand of God

Several years ago, Evie and Wally met with a Mennonite physician in Iowa who had worked at Abiriba with AFSC in 1975. While our memories of Abiriba were of starvation, death, and destruction, his pictures showed a neat, functional hospital and people with round, smiling faces. This is perhaps a vindication that these people, whether in pain or in health, are indeed held in the hand of God.

Reflections:

Mission, War, and Culture within the Nigeria-Biafra Conflict

In the midst of mission in conflict areas, there is a place for compassion and passion as well as careful deliberation.

Since the church, through MBMC, inadvertently directed the witness of Christ on both sides of the Nigeria-Biafra conflict, it had to enable the work on the rebel side while maintaining a working relationship with the Nigerian side. Through sporadic communication, Evie, Wally, Martha, and Cyril Gingerich, who served as the hospital administrator until June 1968, made impassioned pleas to MBMC for help. As the Mennonite constituency and college students became aware of the plight of the Biafran children, they also pled with MBMC to find ways of ministering. Added to these pleas were the worries that families of those in Biafra shared with the Board. On the other hand, MBMC was not primarily a relief agency and did not want to jeopardize its ability to work with the Nigerian government to assist the Mennonite Churches on the Nigerian side. So what was one to do?

It seems to us that one needs to respect both the impassioned pleas for help and the careful deliberation of the Board. From our perspective fifty years later, it seems this was well done. At the time, in the midst of the pain, suffering, and death of those around us, we were not so generous in our assessments of the situation.

In the midst of conflict, different groups have an enhanced opportunity to focus on common goals.

The medical mission workers and the church mission workers all had the same broad goal of promoting the shalom of God, but in the midst of the conflict between Biafra and Nigeria, the differences—attending to physical health needs

on the one hand and more church-related needs on the other—were amplified. We, as medical personnel, felt the support and friendship of those working with the Mennonite and Presbyterian churches.

Ministry in conflict areas may result in serving those once thought most unlikely to merit service. We must be alert to this and accept the opportunity when it comes.

To assist in physical aid to needy civilians is obviously important. Less obvious, and fraught with complex dynamics, is supplying aid to wounded combatants. Certainly the medical supplies and nutritional supplements sent by European and North American churches and organizations were intended for civilian usage. To share these supplies with wounded soldiers who were starving and in pain could jeopardize the relief program with the Nigerian government.

Working in a conflict area, one always needs to be aware of the complexity of a situation and be careful not to be too judgmental.

The supply of aid to Biafra was problematic because the same section of road that served as an airstrip was used both by planes bringing in arms and planes bringing in humanitarian aid, and the Nigerian air force treated them all alike.

Those serving in conflict areas must be aware of and respect the many-layered, complex differences among groups and be a presence that allows God's shalom to surface.

As we experienced in the relationship between the Igbos and the Ibibios, latent, generations-old conflicts between tribes can become active as social, cultural, and religious norms crack during times of stress.

God has given us the gift of laughter.

And finally, in the midst of terror, we are invited to laugh—at legs sticking out from under the bed during an air raid, at leaping into an air raid shelter and landing on top of a priest, and at addresses that include the description “...one hundred yards of cassava shoots from the highway.”

In the End

All in all, despite the challenges and difficulties, we are pleased to have been a part of the Mennonite Church's witness, in the midst of conflict, to the shalom of the Holy One.

