This will be the last time

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Introduction



The 2nd May 2007, in the Freeport of Monrovia, was the very last day ever of surgery on board the *M/V Anastasis* (fig 1). Over the past 17 years more than 15,000 poor West African children and adults have received free life changing operations which were not otherwise available in their country. Since my first visit to the '*Great White Ship of Hope*' in March 1991, I have been a further 18 times and have now worked in 10 different African countries.



The final cases were 12 year old Sarah (fig 2) who had her cleft lip repaired and 70 year old Abdul (fig 3) who had a cataract removed from his left eye.



As I write, the replacement mercy ship the *Africa Mercy*, after 8 years of hassle during conversion to a hospital ship from a Danish train ferry in a Tyneside dockyard, is at last on her way to Liberia. She is scheduled to dock directly across the quay from her predecessor on 22nd May.

In the OR

My anaesthetic team consisted of Ray, a CRNA from the USA and a Dutch anaesthetic nurse named Fred. We provided anaesthesia for maxillofacial and plastic surgery. Dr Glenn, the American eye surgeon was extracting up to 20 cataracts a day as well as inserting new lenses. He was using a sutureless extracapsular extraction technique which he had developed himself. The most challenging case I dealt with was six-year-old Solomon who had a laparotomy to relieve the bowel obstruction caused by a volvulus, resulting from a stitch through the small bowel wall after an inquinal hernia repair four days before. 60 cm of black bowel were resected. My challenge was to insert a right internal jugular line into this child because there were no longer any peripheral veins available as I had cannulated the last at 2 am the preceding night. Fortunately I succeeded, - one of the nurses on the wards said to me "to put a neck line in that child was the reason God sent you to this ship!" The line stayed in for 11 days and was used for fluid infusions and the taking of blood specimens. The potassium level was initially too low but after consultation with a paediatric colleague in the UK we were advised either to increase the infusion to 4 mmol/kg/24hr or replace NGT losses hourly with an equal volume from a litre of N saline to which 20 mmol KCl had been added. After the final operations were finished we had a small celebration party in OR 3 with cake, ice cream, coffee and photographs.

Screening

The following day most of the medical department and many other crew members participated in the procedure for selection of patients

for the first surgeries on board the new ship starting in two months time. The previous evening there was a meeting on board to inform all participants about the arrangements and clarify everyone's role. Dr Gary reminded us all that many of the patients were very vulnerable and we should remember 'the person inside - it does not matter what they look like or how they smell.' The event took place in the local football stadium where the UN provided a guard which consisted of a unit of very tall elegant female police from India (fig 4).



The role of my anaesthetic team was to assist Dr Bjorn, the Norwegian crew physician, to physically examine those selected for surgery and when appropriate, perform fine needle aspirations. The slides from the latter can be relayed via a Nikon 'Coolscope' to a pathologist in Bristol for histological diagnosis.

All went peacefully and over 200 patients were scheduled for maxillofacial and plastic surgery. Pre-selection of orthopaedic patients was carried out by a physiotherapist to be seen at a future date by an appropriate surgeon. The next day 50 patients arrived at a Mercy Ships' run ophthalmic clinic with a forged attendance note which was in fact an altered 'orthopaedic' form. No doubt money had changed hands.

Jamaica Road Evangelical Church

On Sundays we walked for about 20 min to attend a service at the nearest church. The services were very lively with much singing and dancing. At the end of the service a

regular member of the congregation asked whether anyone might be willing to contribute towards a new loo so that 'peepee and poopoo' could be done securely on site near the church, thereby reducing the need for some people to have to go home before the end of the service.

Alfred and Agnes Memorial Orphanage

Over the past six months I have been sending out money by 'Western Union' to finance the building of a computer centre on the site of this orphanage which I visited the year before. I was worried that the photographs I had been sent might have been of some other building and the money misappropriated but this was not the case. In fact a superb facility had been built (fig 5) which will take 24 computers.



It also had three offices and a wash room. The first ten reconditioned computers supplied by *Computers for Africa*, based in Edinburgh, are already in a container en route from London to Liberia. We discussed internet connection and decided on a company called *Comium*. I felt it was important to encourage them to run the computer centre as an Internet Café for part of each day in order to generate income to finance the project.

I also met again 7-year-old Mohammed about whom Betty, a British midwife (working on the ship last year training local TBAs), had written a story called 'Smile Mohammed Smile'. Mohammed (fig 6) had not spoken when he first came to the orphanage but was found to be a gifted drummer.

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Harvester's International School

Teacher Catherine, a Sierra Leonean, whom I met in Guinea nine years ago came to Liberia last year and had helped a local Pastor start a school for over 100 local children (ranging in age from 5 to about 15) in a disused, rather ramshackle building. They were trying hard with minimal resources but the kids seemed happy and enthusiastic (fig 7).



Some of the teaching skills were perhaps slightly lacking as illustrated by the fraction addition on the blackboard in one class which said 1/2 + 2/2 = 3/4! An essay topic was 'write a letter to your father thanking him for your new shoe!' They were pushing, as always in Africa, for financial support for the school, the challenge is not to create a dependency culture but to encourage people to provide for themselves.

An amazing woman

The documentary 'An Uncivil War' about the Lurd Rebel attack on Monrovia in 2003 featured a remarkable American Catholic nun called Sister Barbara Brilliant (fig 8) who ran a nurse training school in Monrovia. We had the honour of meeting her to discuss a container being

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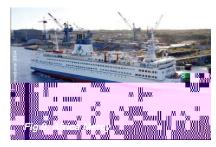
sent to her in which were the computers for the orphanage. She had been in the country for 31 years, had survived three civil wars without being evacuated and now ran both the Mother Patten College of Health Sciences and St Theresa's school for 1000 girls. The College provides courses in Nursing, Social Work, Laboratory Technician Training, HIV counselling and also runs women's support groups within the community.

She said she didn't like orphanages as she felt they damaged the traditional structure of African society of the extended family – taking in orphaned children as their own. Sometimes parents would also dump their kids in orphanages if they felt they might have better food and education. She told us she had confirmed that the Alfred and Agnes Orphanage was Government registered and that if it had not been she would not permit the computers to go there.

She told us that one of the big problems in Liberia is the number of men aged between 19 and 30 who either had HIV/Aids or were former child soldiers. She also had a gripe about the UN and some of the international NGOs who she alleged had stolen some of her senior staff by offering them a salary up to five times higher than she was able to pay. People in this part of Africa were only interested in what they can earn today and did not really think about any long term employment opportunities. We spent some time with Emmanuel an HIV counsellor, when I asked him whether they promoted the ABC

(A= ABSTINENCE, B= BE faithful, C= use CONDOM) he obviously wasn't very enthusiastic about C – their organisation being Catholic. Apparently Vodafone is supplying some free HIV drugs to the Government in Liberia.

Final Comment



In a way it is very sad that this was my last trip to West Africa to serve on board the *Anastasis* which has over the years been the 'Great White Ship of Hope' to so many. The very well-equipped *Africa Mercy* (fig 9) is due to arrive on the 22nd of May. My emotional analogy is a beautiful Victorian House with elaborate décor (fig 10) and character being replaced by a modern 'box' with all the latest mod cons.



The new ship is equipped with six operating theatres, 78 ward beds and two-bed High Dependency Unit. The operating rooms and the wards will have piped oxygen and there will be modern X-ray equipment including a C-arm and a CT scanner. Cabins on the new ship are particularly well-appointed and hopefully the plumbing will be far more reliable than that often experienced by many of us volunteers over the years on board the *Anastasis*. Surgery is due to start on the *Africa Mercy* at the beginning of July and more

volunteer surgeons and anaesthetists will definitely be required if the full potential provided by six operating theatres is to be realised. If you are interested phone Mercy Ships UK on 01438 727800 or look at the website

www.mercyships.org.uk

Epilogue – Dr Gary Parker (resident maxillofacial surgeon)



Gary (fig 11) is one of the most humble and remarkable men I have ever met. He graduated from University College Los Angeles but spent 5 years training in maxillofacial surgery at hospitals in North Wales. As a 35-year-old he went to join other volunteers on board the recently converted M/V Anastasis in Lazaro Cardenas. Mexico in the aftermath of the 1987 earthquake. He was planning to stay for just two months to do some cleft lip repairs in a local hospital but somehow never left. In spite of the well appointed cabin on the Africa Mercy which has been reserved for him and his family he is finding it harder than most to abandon the ship which has been his home for the past 20 years (fig 12).



I would like to finish my final article about the *Anastasis* by quoting his

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reasons for still being on board (1):

I remember stepping off a plane from California into the suffocating heat of Mexico. I was young, energetic, somewhat of an idealist, and had come to work a few months with Mercy Ships. Eager with high hopes, I soon felt the jolt of dashed expectations, of hard edged reality and cumulative culture shock.

I survived, barely – only due to some wonderful co-workers and God's answering of desperate prayers. I became sick in body from foreign amoebas, and grieved in mind and soul from much of what I had witnessed – the degradation poverty brings, the hopelessness, the fear. Challenged to the core I looked into the eyes of the poor, and learned lessons that summer which affected the course of my life.

My birth in one of the world's wealthiest lands had already given me an enormous head start over half the population of the world. I became increasingly aware of global inequities, of injustices, past and present, and of world views that perpetuate the cycles of poverty. I left Mexico with a drive to understand more, and with a conviction that I must do all that I possibly could, to stop the pain, to redress the imbalance, and to spend my life for justice and compassion. This is why for the last 20 years I have served with Mercy Ships. I wish you God's blessing as I close with some words from Mother Teresa of Calcutta:

"At the end of life, we will not be judged by how many diplomas we have received; by how much money we have made; by how many great things we have done. We will be judged by," I was hungry, and you gave me something to eat; I was naked and you clothed me; I was homeless, and you took me in."

Hungry, not only for bread, but for love. Naked, not only for lack of

clothing, but for human dignity and respect. Homeless, not only for want of shelter, but because of rejection.

Reference

(1) Portals – work of Mercy Ships in West Africa (Nov. 2002-June 2003)