

Dr Keith's Freetown Diary 4-18 March 2011

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Day 1 - travels

I flew from Heathrow to Sierra Leone accompanied by my wife and several friends including a very special young woman named Niki with her adoptive mother Suzanne from Vancouver Island. In December 1991 on my second trip to West Africa I went by a local boat (fig 1),

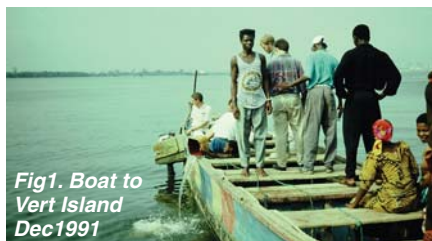


Fig1. Boat to Vert Island Dec1991

with some other volunteers from the M/V *Anastasis*, to attend a church service on Vert island adjacent to the port city of Abidjan. While there we met a midwife called Emma who was caring for two abandoned babies, one of which had been born three months premature and weighed only 1kg.



Fig 2. Baby Niki with Peter and Suzanne

Canadians Peter and Suzanne had previously seen this tiny baby (fig 2) and were considering adoption. I remember telling them that, if they were really serious, we needed to take the baby back to the ship for rehydration or she would probably die. The medical administrator on board was not pleased as one was not meant to take orphaned babies back to the ship but eventually I persuaded him to let me rehydrate the baby overnight and she survived. It was my great pleasure to return to Africa with Niki, now 19 years old, who had been accepted to work as a volunteer for six weeks on board the *Africa Mercy* (fig 3).

On the flight I met a midwife called Sarah from Leeds who was involved with a charity called Hope for Grace (www.lifeforafricanmothers.org).



Fig 3. With Niki and Suzanne

She told me two facts which stuck in my mind: that in Chad sometimes babies were delivered by candlelight with a midwife using a torn up plastic bag as a glove and that **JFK** hospital in Monrovia which had I visited the previous November, used to be an acronym for 'Just For Killing'.

After an uneventful flight to Freetown we went by Pelican water taxi for 30 min at high speed across the bay to dock near the Mercy Ship.

Day 2 – Conference venue



Fig 4. Dr Michael Koroma

In the morning I met consultant anaesthetist Dr Michael Koroma (fig 4) and midwifery Sister Florence Bull at the Princess Christian Maternity Hospital (PCMH), where two conferences would be held in nine days' time. It was good to see that there were already workmen sorting out the main lecture room. We were able to finalise the catering plans and check the rooms designated for workshops. In the afternoon, a group of us led by my friend Simeon Sesay with his son and his brother, went to the Victoria Market where Niki bought some clothes (fig 5).



Fig 5. Niki in the market

On the way one of our group was forced into a concrete drainage ditch

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by a reversing puda puda (mini-van taxi). A nearby policeman arrested the driver for almost running over an 'old woman' – this comment annoyed Jeanne more than the accident!

Day 3- first Sunday

After relaxing on board during the morning we strolled around the nearby Kiskeya area after lunch. I was encouraged to see that almost all the motorbike riders were wearing helmets, unusual in Africa but apparently recent legislation had made this obligatory. Later on we had a drink at a little roadside café situated in Savage Square (AKA 'Bad Boy Lane'), which is the street leading to the port, with local friends – Simeon accompanied by his wife and three children (Kent, Keith and Kimberly) and teacher Catherine with her 13-year-old daughter Louise (fig 6).



Fig 6. 'Cafe' in Savage Square

I had originally separately met both Catherine and Simeon in 1998 when they were refugees in Conakry (Guinea). That evening we attended the evening service on the ship which included a moving talk entitled 'Jesus touched him' by Dr Gary Parker, the long term maxillofacial surgeon on board. He explained how we should relate to desperate and disfigured (fig 7) potential patients at the 'screening' scheduled for the following two days.



Fig 7. Photo of disfigured patient

He suggested we look into their eyes and focus on the person behind the disfigurement. Details were also given about the logistics and plans

for this event at which patients would be selected for surgery on board the ship during the next few months.

Day 4 – the screening

We left the ship at 05.30 am. Our driver had obviously not slept well saying 'I woke on the hour, every hour in case it was the hour!' Even at that time Freetown was remarkably busy but when we arrived at the National Sports Stadium, the venue for the day's proceedings, we started to produce some sort of order out of chaos as each team set up tables and chairs in their designated area. A pathologist from Bristol, Dr Ed even produced a hair dryer which he said was for drying tissue specimens before fixing them in alcohol. In retrospect, even at that time, I remember some signs of unrest at the entrance to the football stadium. 700 people had been ejected who apparently had been sold fake admission passes by overnight guards. The only light relief at this time was provided by the Sierra Leone football team who ran by on a training run to cheers of applause.

During the next two hours I pre-operatively assessed twenty nine patients selected for surgery including 20 with inguinal hernias, one cleft lip, one thyroglossal cyst, one big lipoma, one thyroid, one umbilical hernia (in a 118kg man) and one jaw tumour. Rumours began to circulate that there was a crush developing at the main gates and people were fainting (figs 8, 9).

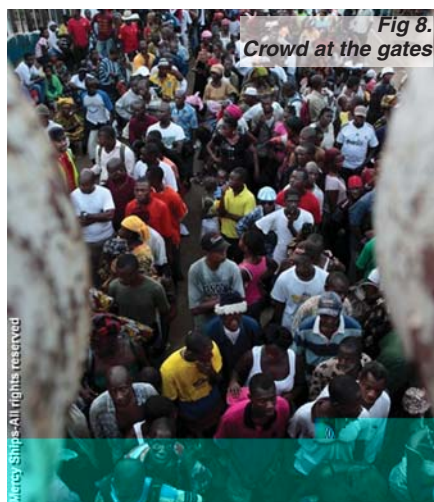


Fig 8. Crowd at the gates



Fig 9. Anxiety in the queue

At about 10.30 the situation reached a climax when the main gates burst open due to crowd pressure and some of those at the front were trampled by those shoving from behind. A friend who witnessed the event said that when the gates were forced open it was like 'an unstoppable human mud flow'. I was called to attend an emergency and assisted in attempts to resuscitate a man in his fifties. I intubated him while one of my anaesthetic colleagues cannulated and administered atropine and adrenaline. He had fixed dilated pupils, no output and an ECG showed an agonal rhythm. CPR was abandoned after about twenty five minutes. Soon after this I returned to continue pre-operative assessment but then had to do an interview with an English journalist, working for Reuters, who seemed oblivious to what had occurred a short distance away! At midday screening was abandoned and staff were told to board a vehicle and leave the stadium as soon as possible.

After returning to the ship the Captain held a briefing at which he told us it had been a doubly challenging day for him because not only had there been the incident at the stadium but at the same time one of the Yokohama bumpers mooring the ship had broken loose. He asked all who had witnessed the stampede at the stadium to write a report on what they had seen before discussing it with others. There had only been the one death but twelve people had been taken to Connaught Hospital and there were approximately fifty with less serious injuries (fig 10). In the evening Donovan, the Managing Director,

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Fig 10.
Man injured
in stampede

told the crew that the Ministry of Health had emphasised that they wanted the planned surgical schedule to go ahead and that another screening must be arranged at a different and more secure venue as soon as possible. He said that two patients taken to Connaught Hospital were still very ill because of underlying medical problems. It was agreed that the crew should be given the opportunity at the next community meeting to contribute towards the expenses of those taken to the hospital. Apparently there were some very disruptive elements in the crowd, mainly young men in their twenties, who ten years before were probably child soldiers in the country's brutal civil war. Their cultural values would not be those of their parents and elders who were probably all dead but those of war lords whose culture was that power and force should be used to provide your needs. A relevant fact might have been that the police, trying to restore order, were mostly inexperienced trainees although they had apparently arrested two people who had been seen deliberately inciting the crowd.

Day 5 – R and R on board

I recovered from the events of the previous day and prepared for the following week's anaesthesia and midwifery conferences.

Day 6 – schools visit

A group of us went by Land Rover guided by my friend Simeon Sesay to visit four schools that he ran near the villages of Miata, Makeni and Maipenda.

He said it would take about two hours to get there but we ended up doing a round trip of 450 kilometres, departing at 8.00 am and not returning until 6.30 pm. The countryside was beautiful, described as like 'the New Forest with palm trees'. Simeon pointed out the area where in 1999 the Paras and the SAS had staged a dramatic rescue of the members of a British patrol held captive by the West Side Boys. We were impressed how well disciplined all the children were at the three primary and one secondary schools that we saw (fig 11).



Fig 11.
Simeon + pupils

Some rooms even had two classes (fig 12) facing in opposite directions.



Fig 12.
Two classes in one room

There was a computer training room (fig 13) but with only one machine, a situation I am hoping to rectify with help from the Edinburgh based charity 'Re-using IT.'



Fig 13.
Computer classroom

On the road back to Freetown we passed an incredible sight of a man carrying a large mattress on his head (fig 14).



Fig 14.
Take up your bed and walk

After returning to the ship we attended an excellent open evening in the ship's wards and theatres for non-medical crew (figs 15,16).



Fig 15.
Teach them young



Fig 16.
Dr Stephen teaching intubation

Dr Ed demonstrated the Coolscope (fig 17) used for transmitting histology from the ship to his office in Bristol for diagnosis.

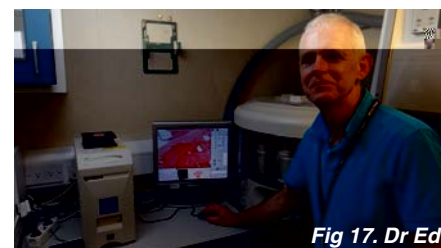


Fig 17. Dr Ed

Day 7 – my team arrives

In the evening the remaining 13 members of my conference team arrived (fig 18).



Fig 18. Conference teams

These consisted of another seven anaesthetists (including three trainees), four midwives, Dr Jenneh, a Sierra Leonean national but a trainee obstetrician in Germany, and my daughter Rebecca who was to be in a vital administrative role. The arrival procedures and paperwork were organised by Emma (fig 19). She was on board for three months during a gap year after hearing me give a presentation two years before at her Scottish school, Glenalmond College.

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Fig 19. Volunteer Emma from Scotland

Day 8 – Team visit to PCMH and Freetown

The team all visited the maternity hospital and the nearby conference venue which was conveniently situated about 10 min walk from the Africa Mercy. That afternoon we went for a walk round town guarded by Simeon with his brother and son. It was the monthly 'clean-up day' indicated by large piles of filthy smelly rubbish in streets awaiting collection (fig 20).



Fig 20. Rubbish awaiting collection

Day 9 – second Sunday

We divided into two groups, as Doctor Matt remarked, the pagans and the non pagans! Pagans headed immediately for the beautiful Hamilton beach which was the venue for lunch and the non pagans went to Jeas Ministry Church for a two hour service. There I met Mrs Bangura, the mother of my Sierra Leonean friend Catherine Conteh who now lives in Perth, Australia. I gave her a framed copy of a painting (fig 21) I had commissioned of her daughter and 18-year-old granddaughter Regina.



Fig 21. Mrs Bangura with painting

In 1993 I paid for Catherine to have a caesarean section at the PCMH to save the lives of her and her unborn child.

After the church service we eventually arrived at the idyllic and deserted Hamilton beach (fig 22) after an inadvertent hour's detour along challenging roads.



Fig 22. Hamilton Beach

After plunging into the beautifully warm water, perhaps with a questionable coliform count, we enjoyed a delightful lunch of grilled lobster, fish or chicken, washed down with chilled beer at Joseph Samso's beach bar (fig 23).



Fig 23. Lobster on the beach

After returning to the ship I gave a presentation at the evening service based on my 'starfish' allegory about children from West Africa whom I had supported for many years. Two of whom Dr Jenneh and Niki were present (fig 24).



Fig 24. Niki and Dr Jenneh

Days 10-12 – The two conferences

It was the first time I had organised simultaneous three day anaesthetic and midwifery conferences. Both were workshop based with only short presentations. This format was generally thought to be a better method of teaching than long lectures. All team members put in a great deal of hard work not only during the conference days but also in preparation the evenings before. Dr Sarah unfortunately had her bag stolen and when she reported this

at the local police station she was slightly disconcerted when they told her that it would soon be the Independence Day celebrations and wondered whether she might consider returning to play the role of their 'Colonial Master!' During the perineal suturing workshop a midwife called Nancy (fig 25) said that she and her sister had met me 20 years ago.

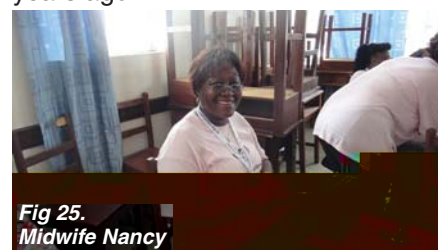


Fig 25. Midwife Nancy

I remembered meeting Estella in Freetown in 1993 and subsequently in Ghana two year's later. Estella had married a Ghanaian and now lived in Melbourne, Australia with her husband and four children. I also met Francis, brother of an acquaintance of mine Lesley Clarkson, who won the DV (Diversity Visa) Lottery and now lives in the United States. Francis wanted help to build a school but when I asked him for how many pupils he said 'four thousand!' During the conference I was approached by several people who wanted to know how they could receive treatment on board the ship.



Fig 26. Jaw tumour

They included a young man with a jaw tumour (fig 26) and a woman whose baby had a cleft lip (fig 27) –



Fig 27. Baby with cleft lip

I was able to arrange for them both to be seen.

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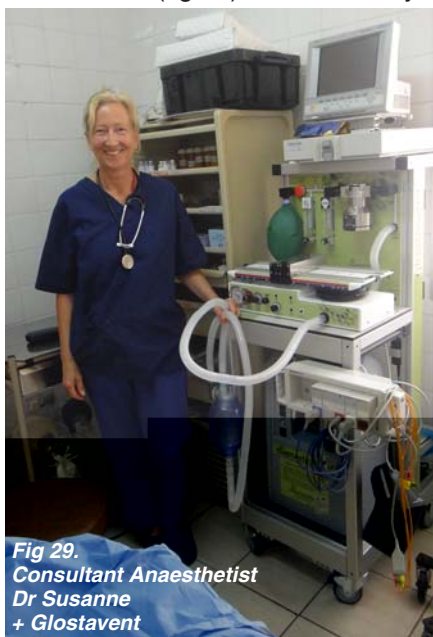
After the final day of the conference seven members of the team went with Dr Jenneh for an evening out which included a visit to Paddy's bar and a night club called The Office. They all stayed at the Aberdeen Women's Centre where they were provided with bed and breakfast in return for donating a pint of blood.

Day 13 – Aberdeen Women's Centre (the next day)

This Scottish funded maternity clinic had been running for almost a year and so far there had not been a single death among the 800 women delivered. This was very remarkable in a country which has the highest maternal mortality in the World.



A relevant factor was that there were five International midwives lead by Kate Christie from RSA (fig 28), 11 Sierra Leonean midwives trained to Western standards and currently both a consultant obstetrician and anaesthetist (fig 29) from Germany.



Kate told me that two neonates had recently died and she was surprised how upset the local midwives were. When she asked why?

They responded that '*it was your fault – you taught us to care*'. This feeling is culturally unusual among West African medical professionals.

The remainder of the team arrived in time to witness the bloodletting and then we all went to Roy's beach bar where we ate superb barracuda steaks and swam in the balmy sea again. Sarah applied her Glaswegian muscle to help the local fishermen pull in their nets (fig 30) but unfortunately there were only three small fish to show for several hours' effort.



Day 14 – the final day

Once again guided by Simeon and team we went into town passing well known landmarks including Clock Tower (fig 31), PZ and the Cotton Tree.



Some of us visited Connaught Hospital while others visited a boutique called *Aschobi Designs* run by Adama Kargbo, a young fashion designer who trained in Paris and New York. After a visit to a covered market to barter for some wooden ornaments and cloth we escaped briefly from the mayhem of the crowded streets to enjoy an excellent lunch at the renowned and air conditioned Crown Bakery (fig 32) before walking back to the ship to prepare for our return flight to London that evening.



The boat trip across the bay and the flight home were uneventful apart from a minibus to the airport breaking down on a hill and two of the midwives almost missing the flight because it had been overbooked (fig 33).



Epilogue

It is now 20 years since my first visit to the M/V *Anastasis* in Ghana. It has been a privilege to have travelled to West Africa on about 30 different occasions. I have served for 2-3 weeks annually on board as an anaesthetist but for the past four years I have also organised conferences in an effort to help raise the standards of anaesthesia provision in local hospitals. My teams have consisted of both consultants and trainees who I hope may become 'infected' by a desire to continue helping people in this part of the World, where some of the poorest of the poor struggle to survive, a situation I sadly feel unlikely to change in West Africa within the next generation.

AFRICA MERCY schedule

Depart Freetown 10/12/2011, arrive Tema (Ghana) 15/12/2011
 Depart Tema and arrive Lome (Togo) 5/01/2012
 Depart Lome 15/06/2012 arrive Las Palmas (Canary Islands) 1/07/2012
 Depart Las Palmas 31/07/2012 arrive Conakry (Guinea) 15/08/2012 where the ship will stay for about 10 months

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