

ACTs in MONROVIA: 19-26 October 2013

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An African Conference Team consisting of seven anaesthetists and three midwives went to Monrovia to facilitate the 7th Liberian Anaesthesia and 1st Midwifery Conferences.

The Team (fig 1):

Dr Keith Thomson, Consultant Anaesthetist, (Basingstoke)
Dr Gary Dickinson, Consultant Anaesthetist (Winchester)
Dr Liz Shewry, post CCT Trauma Fellow (Southampton)
Dr Yousra Ahmad, ST6 Anaesthetist (Winchester)
Dr Zoe Smith, ST3 Anaesthetist (Southampton)
Dr Sarah Davidson, ST3 Anaesthetist (London)
Dr Joe Masters, ST3 Anaesthetist (London)
Ms Louise Emmett, Senior Midwife (Chertsey)
Ms Abigail Davison, Midwife, (Chertsey)
Ms Kirstie Addison, Midwife (Chertsey).



Fig 1. The team + with Robert and Joshua

Arrangements for the two parallel three day conferences had been coordinated during the previous months with Dr Lawrence Sherman, vice Dean of the medical school, Dr Billy Johnson, Medical Director of JFK Hospital, Garrison Kerwillain chair of LANA (Liberian Association of Nurse Anaesthetists) and senior midwife Cecilia Nagbe. The plan was that the first day would be a joint meeting on 'Obstetric Emergencies' for anaesthetic nurses and midwives the next two would be separate. At present there are no medically trained anaesthetists of Liberian origin in this country of nearly four million people, so part of the plan was to also involve senior medical students to try to influence some of them to consider a future career in anaesthesia. The main focus of anaesthetic nurse training for some years has been at Phebe hospital organised by the charity 'Mothers of Africa' based in Wales.

Travel

The team flew out on the evening of the 19th of October on a British Airways flight via Freetown to Monrovia. Gary and I using an Amex card partner deal travelled out Club class, as did Kirsty because she had a friend who was a BA pilot.

Unfortunately she did not know that all the champagne and fine wines were free of charge so she did not have a single drink. Gary was very impressed with the club class lounge at Heathrow's Terminal 5 and after several bowls of free food followed this by dinner on board. The flight arrived on schedule at Robertsfield Airport – It was a relief when not only all our baggage had arrived, but we were met by two minivans from the Royal Hotel. Fortunately our bedrooms were all available for immediate occupancy when we arrived at 8am.

After breakfast my taxi driver friend Odecious Johns who was to be our dedicated driver at US\$50 per day for the rest of the week arrived in his bright yellow vehicle – registration OJ1 (fig 2). Five of us boarded this



Fig 2. OJ 1, the yellow peril

rusty disintegrating jalopy which probably would have failed its MOT

about 25 years ago, and were driven down to the port area to attend a 2½ hour service at the Jamaica Road Evangelical Church (JREC) (fig 3).



Fig 3. JREC

I had attended services there on previous occasions over the past seven years and had also helped finance a toilet block (fig 4).



Fig 4. The new toilet block

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We were welcomed with open arms by members of the congregation. The choir were resplendent in their gold gowns (fig 5).



Fig 5. The church choir

Pastor Joseph gave a real fire and brimstone sermon and then introduced us to his new wife Victoria, his previous one having died two years ago from an intra-abdominal malignancy. We were shown the foundations of the current church project, a building intended to be both used as a Sunday School and as training venue for street girls (fig 6).



Fig 6. Church building project

That evening we were joined at dinner in the Hotel by Robert Neighbour (fig 7), the MD of *Diamedica*, who had returned from Phebe Hospital where he had been repairing a *Glostavent* anaesthesia machine.



Fig 7. It's Robert Neighbour – the dashboard is wrong!

During the afternoon other members of our party had been to the *Kendeja Hotel* beach resort. En route their taxi had not only lost its way but also hit a motorbike, the driver of which was lucky not to be hurt.

That evening three members of the local organising committee and midwife Cecilia Nagbe joined us for dinner at the Royal. This was very important for the “getting to know you” process.

DAY 2



Fig 8. Redemption Hospital

The team went to visit Redemption Hospital (fig 8) but had to leave their weapons at the door (fig 9)!



Fig 9.

This medical facility had been featured in a BBC programme a few years ago called *'The worst place in the World to be a midwife'*. This title now was unjustified as the labour ward was clean with curtains round every bed; the busy maternity unit had over 5,000 deliveries per year and at least 5 cases of eclampsia per week. There had been four major obstetric haemorrhages the previous night. Robert fixed the *Glostavent* machine (fig 10) and also a *Lifebox*



Fig 10. Fixing the *Glostavent*

which they claimed would not charge when in fact it was only the cradle connection which was a problem. We were impressed that the anaesthesia providers were keeping records of the patients on whom the *Lifebox* had been used. The majority of the team then went for lunch at a pizza restaurant near our Hotel while myself, Zoe and Liz visited JFK Hospital for a meeting with the Medical Director Dr Billy Johnson to discuss the possibility of setting up postgraduate education for young doctors interested in training in anaesthesia. Training was about to start in Paediatrics, Obstetrics/ Gynaecology and General Surgery. Our proposal was to send a series of senior registrars in Anaesthesia from Wessex to JFK for a minimum of 3 months to initially train anaesthetic nurses and eventually doctors. The plan would be to focus on teaching and not service commitment. A collaborative scheme between Kent, Sussex and Surrey Deanery, Operation Smile and Jima hospital in Ethiopia has been functioning for over a year. The Deanery is paying the senior lecturers a monthly stipend of £1000 plus their air fares.

While Robert fixed the JFK *Glostavent* machine and the rest of the team visited the operating theatres (fig 11) and recovery area,



Fig 11. JFK operating theatre

Liz and I went with anaesthetic nurse Anthony Hne to negotiate with the catering manageress for the provision of lunch for the first day of the conference. The price started at US\$12 per head but we managed to reduce that to US\$300 cash up front to feed 60 people. The next issue was to find suitable rooms for the two conferences as we had only been allocated one small one which would take a maximum of 50 people. We managed to find a suitable venue in the Nursing School, although the

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nearest electricity supply was some distance away. On the way back to our hotel I found my lightweight Rohan day sack which I had left in a small garage super-market the previous day. The very honest owner said he had handed it to a security guard who returned it complete with all the contents.

That evening my friend Joshua Blahyi (the former General Butt Naked but now a pastor) came to dinner (fig 12).



Fig 12.
Joshua with
Dr Sarah

He recounted how he had been recently in South Africa for the publication of a new version of his book, now available on Amazon at £9.99, called the *Redemption of an African Warlord*. He had met and prayed with 'Blade Runner' Oscar Pistorius and had also addressed the Cape Town Parliament. He told us that the elders of his tribe had given him 3500 acres of land where he planned to construct facilities to house street children and former combatants whom he was currently supporting in Monrovia. He also alluded to the fact that there might be some minerals on the land. On the negative side he recounted how a woman he met in a church had planned to murder both him and his children with poisoned milk, but changed her mind because his children were so charming. Apparently plans are progressing to make a feature film about his life, a well-known black American actor has already been chosen to play the lead role. The team then spent the rest of the evening in preparation for the first day of the Conference.

Conference Day 1 (Obstetric Emergencies)

At the opening ceremony speeches were given by a representative of the Ministry of Health, Garrison Kerwillain (President of LANA), midwife Cecilia

Nagbe and Louise, the head of our midwifery team. The delegates consisted of 35 anaesthetic nurses, 10 medical students and 50 midwives. This multidisciplinary first day focussed on the recognition and management of obstetric emergencies and comprised a series of lectures (fig 13),



Fig 13. Lecture



Fig 14. CPR workshop

workshops (fig 14) and role plays (fig 15).



Fig 15. Obstetric role

The full programme can be viewed on the website www.africansmiles.co.uk under LIBERIA. The previous evening Dr Billy Johnson who was also a USA board certified obstetrician had asked whether he could give the presentation on major obstetric haemorrhage instead of me (fig 16).



Fig 16.
Dr Billy
Johnson
lecturing

The conference finished just before 6pm after which we went for an excellent dinner of BBQ prawns and barracuda at the home of American Bill Martin, a former Vietnam war veteran and special advisor to the Minister of Health, Walter Gwinegale. He had previously worked as the medical administrator on board the *Africa Mercy* for two years. Our ten strong team had been joined by Cerys and Jo from Wales who were on the way back to the UK from Phebe hospital. They were part of a 'Mothers of Africa' team who had been doing a survey of those who had attended *SAFE* and *Lifebox* courses at Phebe. They gave us 10 *Lifeboxes* to distribute to conference delegates from hospitals which did not already have one. The Minister of Health was in good form and waxed lyrical about Alex Salmon who he had heard on the television discussing the forthcoming Scottish Referendum. Sarah from Glasgow was sitting on his left and was not so enthusiastic about Mr Salmon! The minister told us that he had trained as a doctor in Puerto Rico which is where he met his wife. She was an ITU nurse but at his request had trained in anaesthesia so she could be his anaesthetist at Phebe Hospital when he was the senior surgeon. This fact is perhaps not helpful towards our goal of training the first Liberian physician anaesthetists.

Conference Day 2 – (Critical Care and Trauma)

Unfortunately the number of medical students had dropped from 10 to only 3 but apart from some electrical challenges (fig 17) early in the day,



Fig 17.
Electrician Sarah

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Fig 18. Youstra making a point

the lectures (fig 18), moulages



Fig 19. Trauma moulage

(fig 19) and workshops all went well. Joshua also came to see how things were going (fig 20).



Fig 20. Liz + Joshua (former General Butt-Naked)

The food which was provided for this day and the next was organised by the anaesthetists and was excellent (fig 21).



Fig 21. Lunch is served

During lunch the team were able to take a well-deserved break (fig 22).



Fig 22. Team lunch break

The last item of the day was the prize quiz which was received with the usual enthusiasm. After returning to our hotel the team had dinner accompanied by live music at a pizza restaurant just round the corner and then returned for a final nightcap at the Royal (fig 23).



Fig 23. A final nightcap

Some of us then retired to bed early in preparation for the 6 am run along the beach (fig 23a).



Fig 23a. Beach for jogging

One day Zoe and I inadvertently ran near the Presidential Palace and were turned back by armed security guards. On another occasion we joggers were all soaked by a rain storm.

Conference day 3 – (Paediatric anaesthesia, airway management, *Lifebox*)

The anaesthetists and midwives swapped venues. I nearly set our new room on fire playing around with the electrics but eventually solved the problem by purchasing another 10m extension cable from the usual store where we purchased soft drinks for all the delegates. It was very helpful having Odecious Johns and his yellow cab on permanent standby for such eventualities. On the patio outside the room there were boxes and boxes of condoms supplied by USAID which could also be used as a place of rest when necessary (fig 24)!

The final morning of the conference covered paediatric anaesthesia (fig 25) and airway management, the afternoon topics were *Lifebox*



Fig 24. Kipping on condoms



Fig 25. Zoe lecturing

and WHO checklist. At lunchtime we took team photos of all the anaesthetists (fig 26), a very enthusiastic bunch who participated enthusiastically in the workshops.



Fig 26. Anaesthetic delegates

I once again found that in Africa my McGrath video laryngoscope was extremely useful for an intubation workshop.

At the end of the afternoon there was a closing ceremony at which we distributed 12 *Lifebox* pulse oximeters (fig 27),

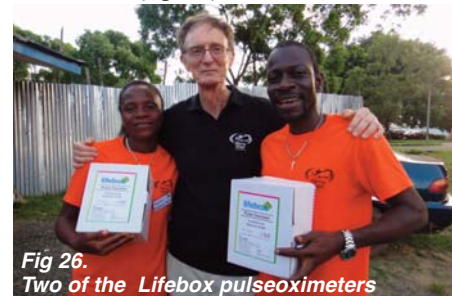


Fig 26. Two of the *Lifebox* pulseoximeters

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Fig 28. Essay prize

the essay prizes (fig 28),



Fig 29. Attendance certificate

attendance certificates (fig 29) and travel expenses of \$20 to every attendee.

The overall feeling was that the conference had been a great success and we had all made new friends (fig 30).



Fig 30. Yousra, Zoe and Liz being thanked

Later the team went out to dinner at an excellent Lebanese restaurant called *SaaJ* within walking distance of the hotel.

The Midwifery Conference



Fig 31. Midwifery delegates

This was also a great success (fig 31). Lou, Kirsty and Abby did a great job, their teaching was very well received (fig 32). The Liberian midwives participated very enthusiastically in all aspects of the conference



Fig 32. Kirsty and friends



Fig 33. Lou demonstrating



Fig 34. Breech with Abby



Fig 35. Head first

(figs 33, 34, 35).

The penultimate day

Six of us packed into OJ1 and drove to an area of town called 'red-light' to visit the Harvesters school. We were greeted by the headmaster, Gabriel Kumeh (fig 36); the children (fig 37)



Fig 36. With the headmaster

put on an impressive performance for us with short plays, poetry and singing (fig 38).



Fig 37. Some of the kids



Fig 38. Watching a performance

We then met up with Joshua Blahyi (fig 39) and visited the school attended by his three eldest children.



Fig 39. At Joshua's children's school

The annual fee of about \$250 and the facilities were in a different league to the Harvesters school and the children all wore uniforms (fig 40).

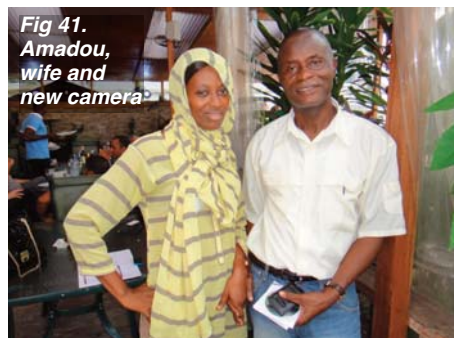


Fig 40. With some of the children

Jonathan the headmaster told me he started the school in Nigeria when he had been a refugee from the civil war in Liberia.

We then returned to the hotel where I had arranged to meet the Sean Devereux school headmaster Amadou and his wife (fig 41) to deliver them a camera from a friend in the UK, then John Monibah head of the Sean Devereux Foundation in Liberia.

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We spent over an hour discussing many issues concerning politics and finances. I agreed to represent some of his views with the founder trustee Maureen Devereux who set up the Trust in memory of her son Sean who spent 5 years working in Liberia in the late 1980s/early 1990s before being shot dead by a gunman in Somalia in 1993 at the age of 28. His moving story is told in the BBC documentary "Mr Sean".

The final day

Five of us visited the Sean Devereux School in Brewerville (fig 42).



Most of the classrooms were in need of some serious renovation as there were holes in the roof and floors and paint peeling off the walls. The most impressive activity seemed to be the soap making (fig 43). We were told



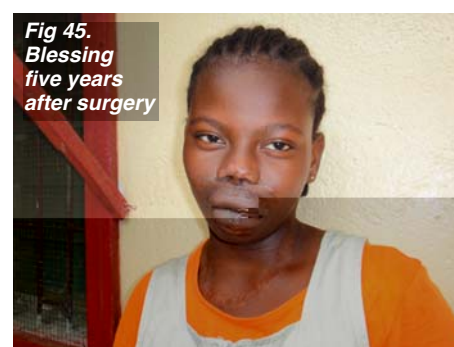
about US\$20,000 was required annually for staff remuneration and building refurbishment, of which the Sean Devereux Foundation pays about half.

We then visited the Agnes and Alfred Orphanage which I have been supporting for some years. Sadly it was rather run down with only 25 orphans as opposed to nearly 70 on my last visit in May 2012. The stand alone computer centre which we had built was now non-functioning apparently due to problems with a generator and the theft of overhead wires. There was also the issue of the monthly money I had been sending out for the school via the Sean Devereux Foundation UK account. Jerome at the Agnes and Alfred Orphanage had claimed that Cletus, who worked for Sean Devereux, had 'eaten' his money. Because Cletus had no receipts for the money he claimed he had handed out, he was having to reimburse his boss. After discussing issues with both of them I decided that Cletus did not need to pay back any more money and that I was going to discontinue support for the orphanage, increase the monthly support for the Harvesters School and give the remainder to the Sean Devereux School.

We then drove in heavy traffic in OJ1 for about 90 minutes to find a 14-year-old girl called Blessing whom I had originally seen 5 years ago at JFK Hospital suffering from acute *noma* which had destroyed her lips (fig 44).



The unique fact about her case is that a family friend on board the *Africa Mercy* had taken sequential dated pictures over a period of a month – probably the only pictures in the world of a child actually developing this terrible condition. Mercy Ships surgeon Dr Gary Parker rebuilt her lips. It was heartening to see such a reasonable result five years later (fig 45). We also met Blessing's father Tarkar, a pastor of a local church. I gave her the remaining one of five



laptops I had brought out to Liberia provided by the charity *Reusing IT* based in Edinburgh. We then went to the Kendeja Beach Resort to join the rest of the team for lunch, a walk along the beach and (fig 46) a swim.



That evening we went to the Royal Grand Hotel across the road where for \$25/head we enjoyed the 'eat as much as you want' buffet. This was preceded by cocktails in the roof terrace bar which provided a panoramic view of the city.

The next morning we had to rise at the unearthly hour of 4 am to be transported in the hotel minibuses to the airport for our 07.25 flight. Unfortunately poor Kirsty had been vomiting all night and only after 1litre of Hartmann's (fig 47) and



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some IV ondansetron was she able to stagger onto the minibus (fig 48).



Fig 48. On the minibus at last!

She survived the hassles of check-in and was able to board the plane. She was subsequently diagnosed with Salmonella food poisoning.

SUMMARY

This had been a fantastic week in Monrovia. All the team members seem to have enjoyed the experience and found the Liberian people to be extremely welcoming.

Some of us are keen to move ahead with plans to start trying to do some post-graduate training in anaesthesia for Liberian doctors at JFK. From the point of view of arranging to send senior trainees out from Wessex to Monrovia it will make life much easier now that British Airways fly directly from Heathrow Terminal 5 several times a week.

Final comment

"Thank you in a very special way for planning, organizing and conducting the past National Anesthesia and Midwifery Conferences in Monrovia. I graded it the best of all our conferences."

J. Garrison Kerwillain, President of LANA (Liberian Anesthetic Nurse Association)

Thanks to the IRC of the AAGBI for help towards funding

Comments from team members

Kirst

The trip to Monrovia was an amazing experience. I saw first hand how much of a positive impact we could have on the midwifery community through teaching by sharing skills and methods of midwifery used in the UK. The students embraced the learning and even fed back skills they had used in practice which we had taught them during the week.

Joe + Sarah

During my medical training I have been on a number of trips to work and provide teaching in the developing world. Having such an interest occasionally gathers accusations of indulging in 'medical tourism' but I firmly believe that these trips do benefit my training as an anaesthetist (in addition, I hope, to benefiting the local healthcare providers which is always the main goal of the projects).

The knowledge and skills that can potentially be developed on a trip such as this are many and a full discussion is beyond the scope of a short article but the two attributes I consider to be most important to the success of a developing world anaesthesia conference are teamwork and flexibility.

The team members in Monrovia were mostly unknown to me before the trip and came from a range of backgrounds. Some had extensive experience in the developing world and some were making their first trip.

The interpersonal skills required both in the organisation beforehand and on arrival in Liberia cannot be overstated. Conditions in Africa are unpredictable and not always conducive to a happy working environment and so it is a credit to the team that they integrated and worked so well together.

Facilitating teaching sessions in Africa is a very different experience to that in the UK which is increasingly reliant on audio visual aids and high fidelity simulation. Our teaching sessions in Monrovia were run with very basic equipment and needed to be flexible. Material was often adapted at the last minute to meet the needs of the delegates or because of a sudden lack of electricity or unexpected fire in the conference venue! Initiative, resilience when faced with setbacks and problem solving were all qualities that were tested during the trip.

Finally, compared to my other trips to the developing world, I found my experience in Liberia to be a unique one. Not only was it a valuable opportunity to see how anaesthesia is provided in a resource-poor setting but it also gave an insight into a country that is still recovering from a long and bloody civil war. It was a privilege to be able to meet such a wide range of local people (from local church-goers to a senior politician to a former warlord) and talk to them about their experiences and hopes for the future.

Yousra

The ACTs conference in Monrovia was my second trip to Africa, but my first experience of teaching in challenging conditions. Excitement and trepidation best describe my feelings for the first few days but I was hugely reassured by the presence of the many seasoned African travellers and conference organisers that made up our team. Our visits to Redemption and JFK hospitals were real eye openers. I felt hugely over-privileged as a Western anaesthetist, with my arterial lines, ODPs and video laryngoscopes. The hard-working Liberian nurse anaesthetists managed to do a good job of looking after patients with less than half the drugs and equipment that I use on a daily basis. Many of them had travelled hundreds of miles to attend our conference so the pressure to deliver an outstanding learning experience was on.

With Keith and Liz at the helm, we withstood power cuts, last minute programme changes and performing chest compressions in 30 degree heat! Very different to any teaching I had previously delivered back home. All our sessions were well received by the enthusiastic nurses and exuberant midwives. Which brings me on to another important lesson I learnt in Liberia...midwives and anaesthetists can become good friends!