



Hello everyone,

The seasons are changing here in Sierra Leone. After six months of hot, dry and dusty weather the rains have returned as we prepare to enter our last month onboard the Global Mercy. As promised in the last blog, this time we're going to share some of our experiences interacting with the patients.

Patients may spend weeks, if not months, living within the Mercy Ships clinical setting before and after surgery. For some that will be whilst pre-operative assessments are made or whilst their body weight and strength are increased to make them strong enough to undergo surgery. For others, particularly orthopedic patients, there are months in plaster casts after surgery which are spent on the wards and at the Hope Center whilst physiotherapy take place.



Ship's crew can visit patients in the wards onboard the ship and in the Hope Center. We have endeavoured to visit as frequently as possible, even if it was just a short walk through the wards with the Abigail & Piran after dinner. As ever it is a balancing act as we both have busy jobs and, during the week, the

routine of work and school is hectic.

Each patient's journey is different and, like in any medical setting, nothing is black and white. For example, a number of the patients undergoing maxillofacial surgery during this field service were patients from last year's programme who had developed complications. Had the ship not returned to Freetown, as was originally the plan, it is difficult to see how those patients would have been able to access the long term care they needed.

That's not to suggest in anyway that the work of Mercy Ships isn't worthwhile – there are literally thousands of people who are immeasurably grateful for the life changing surgery they have received. It's simply to highlight that we have, at times, found it emotionally hard to reconcile the impact of these interventions on the lives of the patients. To try and illustrate that, we are going to share two experiences we've had over the course of this field service...



Simon's story (the patient's name has been changed to ensure confidentiality)

The first part of this story is reproduced from a devotional Ian gave in November 2024 as part of the ship company's "All Hands" weekly meeting...

A couple of months ago Elizma and I were having coffee with friends one evening when one of the group mentioned that she had joined the "befriend a patient" programme and had starting visiting a patient each evening. The hospital had not long been in operation and, it being our first field service, we were keen to know more about what goes on down there. I was duly added to the Teams group [for those not familiar with Teams, it's like WhatsApp for internal business communications] and gave a thumbs up to one of the descriptions of recently admitted patients.

The first visit was quite a nerve wracking one – I was on my own, heading into a part of the ship I really don't know that well or understand to meet someone I knew nothing about. I got to D Ward and was taken to meet Simon. He was two days post maxillofacial surgery and clearly in a lot of pain. My arrival coincided with Waka Waka time [when all the patients are required to walk around to promote movement] and so there was little time to make introductions or explain why I was there as we shuffled up and down the corridor to what sounded like the Top 10 in Krio blaring out of a portable speaker balanced on the head of a nurse.



Over the next week I visited each evening. At first things felt a bit awkward but as we relaxed in each other's company we began to exchange details about our families and professions and, I feel, a bond began to form. We shared his happiness when, after a week, he was discharged to the Hope Centre and his disappointment at being readmitted days later when his wound didn't continue to heal as well as hoped.

The weeks went by and what I had imagined would be a brief acquaintance was becoming considerably more long term, but our conversations were getting a bit mundane – how's the pain, how's the family, who's new on the ward? One evening I was showing him a photograph of our family when he noticed some work photos on my phone & asked about them. So the



next day I took a couple of short videos of jobs the deck team were doing. That evening, we had plenty of material for our conversation. Before I knew it 10 days had passed and on each day I'd found something new and interesting to share – lifeboat drill, container loading, fresh water treatment. Reflecting on that, it occurred to me that actually my work was pretty varied.

The visits also brought about a growing sense of connection with our host nation as I learnt more about this man and what his life in a small town in the interior looks like and developed a better understanding of what goes on in the hospital, how that part of the community functions and what that world looks like. That connection proved the turning point for me in overcoming a sense of frustration and lack of contentment that had dominated our early months onboard.

Continuing the narrative...

Simon's wound healed and he was delighted to be discharged home in November 2024. We said farewell in the outpatient waiting room and he looked relaxed – sporting a fresh but healed scar down the right hand side of his face with the swelling finally gone. I never saw a picture of him pre-op, when he had a large facial tumour, and am happy that my memories of him are of the “new” man that Mercy Ships allowed him to become.

Simon returned to the Global Mercy in mid-January 2025 complaining of pain in the wound site. He was concerned that his body had rejected the metal plates that were used to repair the gap in his jaw that was left when the tumour was removed.

I resumed visiting him and found him to be noticeably more agitated and frustrated than the patient, quiet figure I remembered. Over the course of six weeks he was seen by numerous surgeons and had a series of scans. My knowledge of his treatment is limited to what he could tell me as, quite rightly, the medical staff would not discuss his care with me. As the pain in the side of his face grew worse, his speech became less fluent. Our games of checkers and Connect-4 ceased when his eyesight began to be affected. Eventually, after six weeks, we learned that the increasing pain was a result of his tumour returning and that this time it was inoperable.

We said farewell that evening in a short, dignified conversation at which neither of us could find the right words. He elected to leave the ship the next day and returned to his home region. Simon passed a fortnight after leaving the ship.



Learn to read

Throughout the field service Elizma has particularly enjoyed spending time with the child patients. These children receive either plastic or orthopedic surgery for conditions such as burns, bowed legs or deformed hand and feet. The recovery times are long and once the initial wounds have healed, they are generally very active! Other than physiotherapy and medical appointments, there isn't a lot for these children to do all day so the hospital staff encourage the wider ship's crew to visit, play games and take part in various programmes to engage with the patients. This led Elizma to take on the leadership of a project to run a "learn to read" class in the evenings.

Taking place in the Low Care Unit, a ward for those whose wounds had healed but who still needed to be close to the ship's rehab and outpatient facilities, this class quickly gained a large and enthusiastic following amongst young and old patients alike.



A typical session would involve the leader reading aloud the sounds of the alphabet whilst the group recited them back. This "parrot fashion" method of repeating information seems to be a common method of learning here – it's something we saw when we visited a primary school earlier in the field service as well.

The participants would also write letters and use them to form basic words in booklets, guided by crew members.

Interestingly, literacy levels were often better amongst the younger patients and children than amongst the adults. Locals attribute this in part to the disruptions to education that many middle aged people in this country experienced during the civil war which ravaged the country in the 1990's.



As we write this, we have just spent the evening with the Learn to Read class. On this occasion the patients were invited to draw or paint scenes from their home life and describe them. One lady, in her sixties, who had been unable to recognize the alphabet when she first attended the group, picked up a Richard Scarry children's book and, beaming with pride, read A to Z correctly.



There are many more stories we could tell. The ship's crew doctor, James, is a good friend. In order to be more directly involved with the mission he spends time with the palliative care team. They visit patients who, after shipboard screening, were not able to receive surgery and will not recover from their condition. Visits often involve walking up dirt tracks to shacks high up in the hillside shanty towns that form the poorer suburbs of Freetown. James related a story of one elderly gentleman the team visited to prescribe medicine and spend time with. On entering the single roomed dwelling, Dr James was offered the only seat whilst the patient went to sit on the floor - James attempted to have the gentleman take the seat, but to no avail. The patient explained that he had previously been shunned by his neighbours due to his disfigurement, but was now regarded with a mixture of bewilderment and respect as, in Sierra Leone, only the President would be treated in their own home by a doctor and nurse. For him to receive such visits was an immense honour and comfort to him.

This week is the final week of surgery in the hospital. Packing up of the dockside facilities has already begun and, after 9 months of layup, the deck and engineering crew are getting the bridge and engines ready for sea. In mid-June the ship will leave Sierra Leone to head back to Europe for a 6 week maintenance period in Cadiz. That will also mark the end of our service on the Global Mercy. We'll send a final note before then, but for now – thank you for you ongoing support, thoughts and prayers.

Elizma, Ian, Abigail & Piran