

Ship Report

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Volunteer surgeon works with Mercy Ship to stem VVF in Africa

More than 30 years ago, Dr. Brian Hancock made his first trip to Africa. Since then, there have been dozens more. *“Once you’ve been to Africa,”* he says, *“it gets in your blood.”*

The vibrant English surgeon and his wife spent nearly two years at the Kamuli Mission Hospital in the East African nation of Uganda. It was there he learned of the illness plaguing hundreds of thousands of women in Africa, the illness that he would pour his life into addressing: Vesico-vaginal fistula (VVF).

An estimated two million women in the world suffer from VVF. This problem—virtually eradicated in developed nations—is usually caused by prolonged, obstructed labor. When the baby is not delivered quickly enough, it creates extended pressure against the mother’s pelvic bones; eventually, the blood supply to the bladder is cut off, and a hole (or “fistula”) develops. Most babies do not survive these labors, and many women do not, either. The women who *do* survive often wish they hadn’t: they are condemned to total incontinence and, in many cases, to rejection by their families and communities, as well.

Krubo was 16 years old when she went into labor. She was alone in the bush, so she had to

deliver the baby herself. The labor lasted for three days; when she finally gave birth, the baby was dead, and she’d developed a fistula. And everything changed. *“My friends did not used to come around me a lot. I just used to sit and cry, cry, cry,”* Krubo said. *“I just wanted to kill myself because every day I washing clothes. I tired of washing clothes.”*

When Dr. Hancock encountered a few VVF cases in Uganda, he taught himself to repair some of the simplest ones. Then he had a “chance” meeting—while shopping for souvenirs in Ethiopia—with VVF pioneer Catherine Hamlin of the world-renowned Addis Ababa Fistula Hospital. Over the coming years, he visited her hospital regularly on his holidays, essentially being apprenticed to Dr. Hamlin and further developing his skills in operating on fistulas.

In 2000, he retired from his work in England, and since then, he’s spent three months of every year in Africa performing VVF surgeries in Uganda, Sierra Leone, Ethiopia, and onboard the Mercy Ship. He’s now repaired some 800 VVFs—more than 100 of them with Mercy Ships, where well over 300 women have undergone corrective surgeries.



Dr. Hancock is also working to encourage both Western and African surgeons to learn to repair fistulas. He’s currently training a Liberian surgeon, Dr. Albert Willicor, to do the procedure. Dr. Willicor recently spent a

week onboard the Mercy Ship working with him, following up on two previous visits to train with other doctors. Dr. Hancock then traveled to Dr. Willicor's place of employment – the Ganta United Methodist Mission Hospital, about six hours' drive from the ship's location – to work alongside him for two more weeks, operating on women who had attended a Mercy Ships screening in Monrovia in April.

Dr. Willicor says the occurrence rate of VVF in Liberia is especially high because, during the 14-year civil war, *“medical facilities were almost nil.”* He adds, *“Until I got interested in [the VVF situation], I never knew the enormity of the problem.”* In Ganta, they operated on 24 women with VVF in two weeks. That makes only a small dent in a massive issue, but each individual surgery has a tremendous impact. As Dr. Hancock says, *“It is hard to imagine any operation that is more satisfying. It transforms the life of a young woman who would otherwise be an outcast.”*

Krubo, now 20, underwent surgery onboard the Mercy Ship, during the two surgeons' time there. About a week after her successful operation, Krubo continued to recover on the hospital ship's ward. She was ecstatic—and dry: *“I tell God thank you, today I'm sitting here, and I'm not wet...I tell God thank you.”*

