

It's something I never would've thought about before.

Healed



photo by Debra Bell

My sister is about to have twins, back home in America, and I'm not nervous that anything is going to go wrong. She's got great doctors and a great hospital, all within a short and well-paved drive. I won't presume to say that labor will be easy, but for her, I anticipate the craziness will come after the birth, when she's got two tiny boys.

But now that I'm onboard the Mercy Ship and now that I'm in Liberia, I think about things a little differently. In Liberia and in other developing nations, pregnancy and childbirth can be hazardous to a woman's health.

It's part of my new reality that more than half a million women worldwide die each year from complications that occur during pregnancy and childbirth; 99 percent of those deaths occur in the developing world. And according to the Worldwide Fund for Mothers Injured in Childbirth, for every woman who dies, another 40 or 50 suffer serious injury.

One of these injuries is Vesicovaginal fistula (VVF). Some two million women in the world carry the burden of VVF: constant leakage of urine, most often caused by damage inflicted during a prolonged or obstructed childbirth. Most of them are ostracized by their communities, not invited into community

life because of the scent that they carry with them constantly—the scent they can't seem to get rid of, even though you'll often hear them say they spend most of their waking hours washing their ever-soiled clothes.

In Africa, where the majority of the world's VVF cases occur, several mission hospitals and NGOs perform VVF corrective surgeries. Mercy Ships is among them, having completed more than 300 VVF operations in recent years. During the hospital ship's current stay in Liberia, well over 100 women have received new hope through the procedure. Dr. Brian Hancock, a retired British surgeon who performs VVF surgeries onboard the Mercy Ship and throughout Africa, 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."

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It's a Thursday afternoon onboard the Mercy Ship, and I'm visiting the ward. It is full of patients recovering from a wide range of surgeries; about half of them have just undergone VVF procedures.

Zana Elliott, a nurse practitioner and the case manager for the ship's VVF program, tells me that the women are doing well, but it's been a busy last 24 hours or so. Early Wednesday morning

one recovering patient, Edith, had a setback: she began losing blood when an infection caused her surgery site to break down. She needed three units of blood, donated by crew members, to stabilize her. For a time, she was losing blood as quickly as it could be replaced. Zana was discouraged that this had occurred, but she was heartened, as well: if this had happened in most of the area's hospitals, under-resourced as they are, Edith would've died. "She is leaking but also alive," Zana tells me.

All of the women have remarkable stories; all of them have lived through trials that I can only imagine—that words seem inadequate for.

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Kumba is 20 years old. Three years ago, she carried a baby to full term, but a complicated labor caused the child to die. If that alone weren't enough, Kumba was also left with a fistula.

In April, she came to the Mercy Ship to receive free life-changing surgery. Two weeks later she was released, dry for the first time since she was 17 years old.

When a VVF has been repaired, it is dangerous for a woman to give birth again, as it's likely that

damage will be done again. The safest route is for them to have caesarean-sections—yet those cost \$60 US each, an amount that is absolutely impossible for most Liberians to pay. So Mercy Ships instituted a partnership with a local mission hospital, pre-paying the cost of two c-sections for each woman.

As Kumba leaves the ship to go home, she is photographed for the identification card that gives her this privilege. She smiles, although she seems a bit nervous to accept that so much good is happening to her...it's an entirely different life than it was just two weeks ago.



photo of Kumba by Debra Bell

Krubo

Krubo developed a VVF when she was 16, a year before the war ended; she is now 20 years old. She's from Lofa County, a remote area in northern Liberia, on the border with Guinea.

Sixteen years old, nine months pregnant, and alone in the bush, Krubo went into labor. "No-body there to do the work. So I did it myself," she tells me. She was there, alone and in labor, for three days. When she finally gave birth, the baby was dead, and she'd developed a fistula. And everything changed. She had to stop going to school, and she became a pariah. She was devastated by this new life of hers. "My friends did not used

to come around me a lot. I just used to sit and cry, cry, cry,” Krubo says. “I just wanted to kill myself because every day I washing clothes. I tired of washing clothes.”

A little more than two years ago, Krubo decided to come to Monrovia to escape the fighting in Lofa County. To get to the capital city, she walked for two full weeks then finally took a car the rest of the way. The leaking was constant throughout the trip.

Soon the war ended, but Krubo’s struggle with VVF did not.

Several months ago, Krubo’s aunt, who works for an international NGO, heard about the Mercy Ship. She brought her niece to a VVF screening day on the ship in April, and Krubo was scheduled to receive surgery.

When I met Krubo, she’d had her operation about a week earlier. She was recovering well: “I feeling all right!” she tells me excitedly, her words nearly musical, as is characteristic to Liberian English.

Every VVF story is unique; in Krubo’s case, she’s one of very few women who have had another baby since “the problem”—as most of them call it—started. Little Kolu, 10 months old, sits on Krubo’s lap as we talk.

“I tell God thank you, today I’m sitting here, and I’m not wet...I tell God thank you.”



photo of Krubo by Debra Bell

Tokpah

Zana tells me what she knows about Tokpah’s story, and I ask, “You think she will talk to me?” I’m appalled that, horrific as it is, she’d be willing to recount it.

“Of course. She’s very talkative. But she doesn’t speak any English.”

She speaks only Kpelle, one of the most common languages in Liberia. So I find myself a translator, Emmanuel, and we sit down on the edge of the bed

next to Tokpah’s. The 64-year-old woman is pleased to welcome us. The Prince of Egypt plays in the background as we begin to talk.

During Liberia’s civil war, I’m told, a group of fighters captured Tokpah. They decided not to kill her—just to brutalize her. The soldiers, Emmanuel says, “[used] a stick and they place it in her private parts.” But, he continues, “The initial stick was big—it would not go, so they reduce it, reduce it....”

They had time to re-think about what they were about to do on a whim, and still they did it. Their inhumane treatment caused the fistula that would plague Tokpah for more than four years.

About a month after the attack, her son sent money so she could get medical care. Her daughter, who she was living with, took her to a man who said he could help. They paid him 5000 Liberian dollars (LD)—approximately \$100 US—but then he said he couldn't do anything.

She went back home, and she was sequestered in one room of the house. "She was constantly leaking, so for a lot of reasons—because of the scent of the room—nobody came there." Everyone but her children turned their backs on her. No one associated with her, except to call her names. This woman who clearly loves to be with people was ignored, ostracized.

Then her son heard about the Mercy Ship. She came onboard, and she was scheduled to receive surgery. I asked her how she

felt about having this opportunity; Emmanuel translated for me, but her response needed no translation. She clapped her hands together and smiled at me.

Tokpah has big plans for going home. She'd like to tell her story to the press. And, I ask her, what about all those people that mistreated you? Do you want to talk to them?

Emmanuel's answer for me is one sentence, full of grace: "She would embrace them because God made her to get healed."



**"I tell God thank you."
-Krubo**

I asked her how she felt about having this opportunity...her response needed no translation. She clapped her hands together and smiled at me.

photo of Tokpah by Debra Bell