

**PAUL SINGH DHILLON** describes  
a unique experience in Africa.

## **LIBERIAN HEARTT:**

# **post-conflict emergency medicine**

### ***“The love of liberty brought us here”***

The motto of the Republic of Liberia is in stark contrast to the lack of liberty that the Liberian people experience today. However, after decades of tumultuous politics and civil war, a modicum of peace and stability has entered the daylight hours of the West African nation.

Liberia is a unique country, the only country that was not cut up and shorn along arbitrary lines of latitude and longitude by colonial powers during the scramble for Africa. This fact has not, however, protected Liberia from the civil unrest that has become so common among post-colonial African states. Liberia was created by freed American slaves during the 1800s. This connection to America is visible throughout the country, including the naming of the major hospital in Monrovia, The John F. Kennedy Medical Center.

For my last elective in medical school, through a fortuitous series of connections I was linked up with the HEARTT (Health Education And Relief Through Teaching) programme in Liberia. The HEARTT programme’s mission is to “educate and assist local healthcare providers in the development and/or improvement of a healthcare system and infrastructure”, and their vision is to have a “world where there are fully functioning healthcare systems in all communities, including the communities of underdeveloped countries”. Due to issues with medical indemnity I was unable to complete a full elective and was restricted to an observership; this situation may change in the future.

*After decades of tumultuous politics and civil war, a modicum of peace and stability has entered the daylight hours of [this] West African nation.*

### **Arrival**

I arrived over land from the border with Sierra Leone in an old station wagon that broke down a number of times only to be fixed with some plastic and wires that were sacrificed from other areas in the vehicle. The road quality was not great but the abandoned and bullet-scarred vehicles dotting the roadside were a sombre reminder of previous conflicts.

For this observership I was shadowing a doctor from Brown University (Providence, Rhode Island, USA) who was completing her Fellowship in International Emergency Medicine, and during my week in Liberia I was based mainly in the Emergency Department.

The Emergency Department was nothing like any other I had seen in terms of supplies and structure. It was rudimentary and the Americans that were working in the hospital on an aid mission brought all of their equipment with them, right down to cannulas and alcohol swabs. I had to make numerous trips to the supplies closet, which was always kept locked, to get supplies, as anything left around would probably disappear.



Far left: The weapon of choice in Liberia is the machete.

Above: The Emergency Department was rudimentary and foreign staff had to bring all of their equipment with them.

Left: I arrived over land from the border with Sierra Leone in an old station wagon that broke down a number of times.

## Extraordinary circumstances

There is still a high level of mob violence in Liberia and the weapon of choice is the machete. I had never seen machete wounds before and they are quite graphic. One patient had both his Achilles tendons cut and was unable to walk, and another had a massive incision across his back from a machete attack. Patients of all ages were treated in the emergency room and there were quite a few interesting religious–psychiatric presentations, which I had never witnessed before, but which are apparently common in Liberia.

One patient was actually discharged to church after her family members and pastor attended to her in the emergency room and the healing olive oil that was placed in her mouth and ears did not seem to work.

*[The Emergency Department] was rudimentary and the Americans that were working in the hospital on an aid mission brought all of their equipment with them, right down to cannulas and alcohol swabs.*

## A worthy elective

Life outside the hospital–hotel axis is limited in Liberia. There is still the active threat of violence and even the United Nations staff have a 10.00pm curfew. In terms of cheap accommodation, there really wasn't any at the time I was there and the hotel at US\$100 a night was the only option. Hopefully, with time and stability this will change, and more people will be able to enjoy meeting the people of Liberia and enjoying the beautiful beaches and sunsets without worrying about personal safety.

*One patient had both his Achilles tendons cut and was unable to walk, and another had a massive incision across his back from a machete attack.*

I would recommend Liberia as an elective location for anyone who would like to see how an attempt at rebuilding a healthcare system in an English-speaking post-conflict area is progressing. There are still many NGOs active in the area; however, safety-wise it is not the most stable environment. It is a great chance to see how stability is brought to an area but also to become acutely aware of the social, political, and monetary challenges that hinder the rebuilding of healthcare systems post conflict and in low-resource settings.