

## DMJ Memories Sheila Barrett

### Ghana

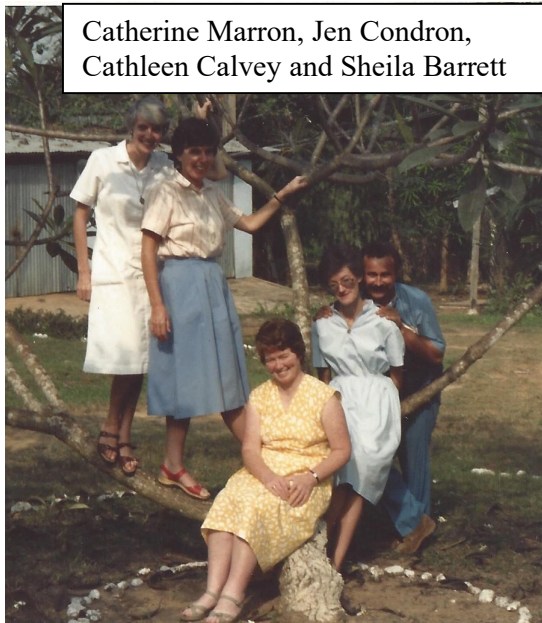
I first went to Ghana in 1979 with Anna and Eucharia who were visiting on behalf of the English and Irish provinces. It was the time of Jerry Rawling's 'first coming' and the borders of the country were closed. (He was a charismatic army officer who had staged two military coups) The plane was diverted to Abidjan, Ivory Coast. We spent the night in a hotel of sorts in Abidjan and flew to Lagos and Accra the next day. When the door of the plane opened, it was like standing in front of a hot oven.

We arrived in Ofoase, a small village in the Eastern region of Ghana, Bridie, Jo and Monica welcomed us. They had had roast goat prepared for dinner. I wasn't too sure about this, but I realised very soon that this was a special treat, not to turn one's nose up at!

The clinic in Ofoase was a basic wooden building. Later, we were to use the unused maternity building as the clinic, with a large basement to store the rain water that ran off the tin roof. Georgina Tuffour and Georgina Tawiah, known as the 'two Georginas' were our devoted and skilled clinic assistants and interpreters, whom I remember with affection. They were from Ofoase and knew the local people and their customs and traditions well. They were very patient too with our difficulty in understanding or accepting some of those traditions. They were comfortable having a foot in both camps, and had the trust of both the people and the sisters.

Bridie, understandably, would be upset when babies were brought into the clinic breathing their last, with tense, hard abdomens, having suffered peritonitis, as a result of lethal enemas of 'native medicine' given invariably by well intentioned grandmothers. Bridie would say with passion to the Georginas and anyone else in the vicinity 'Those *bloody* wasanos!' ('Wasano' was the Twi for 'giving an enema') Before long, the Georginas would prefix relevant patients with the words 'Sister, it's a bloody wasano,' with deadpan faces and voices.

I returned to Ghana again after completing my nurse training. Catherine and Peg were then in Ofoase, and Monica had moved to Cape Coast. Bridie and Jo had travelled further afield.



Catherine Marron, Jen Condron,  
Cathleen Calvey and Sheila Barrett

Unfortunately for us in Ghana, Peg was not to remain too much longer as she was asked to return to Uganda to be novice mistress there. She was a huge loss. (When I think of Peg, I also think of Mary Andrew who sent Peg a clothes peg for her birthday one year, as only she could)

Like other DMJ in Ghana, I went 'up the mountain' to Abetifi, to the language school to attempt to learn the rudiments of Twi, one of the most widely spoken languages in the south of the country. I stayed with a lovely widowed lady, known as Mama Abena. Each day the students would go to the local market, where we were expected engage with the locals and 'to learn a little, use it a lot'. This was the mantra of the

American language teacher whose programme the school followed. The market ladies were well used to Europeans, Americans and Antipodeans making fools of themselves as they asked for eggs, not knowing they were asking for a girl's name (and worse). One of my companions was a Cameroonian St John of God priest, who was scolded by one of the ladies for not speaking Twi properly. When someone tried to explain on his behalf that he was from Cameroon, not Ghana, she cried 'Ah Cameroon, it's only round the corner!' Twi is a tonal language, and it was easy to get oneself into difficulties, as there were many similar sounding words with widely different meanings!

Another memorable character amongst the clinic staff was Gratien, the night watchman who came from Bolgatanga, in the far north of Ghana. The Northerners were frequently employed as night watchmen. Gratien was feared in Ofoase and surrounding villages. He was rumoured to have killed a man with his poison tip arrows, which he carried in his quiver when at work. Every night he would turn on the generator at 6pm and then off again at 10pm. It supplied light to our house and the priest's house, the church and the clinic and of course the dwellings near by. After that it was kerosene lamps. If a patient came at night, Gratien would hover outside Catherine's or my bedroom with his lamp and staff and grunt loudly: Sista! Oyare fo! (Sick people). Catherine or I would trek down to the clinic with Gratien, who was always very protective of us. He too, was often able to provide the local wisdom that sometimes could enable the right decision to be made about a situation. You never knew what you would be presented with, unless a lorry drove in, accompanied by shouting and horns blaring, in which case it was someone very sick from a far village or a woman in obstructed labour needing the to go to hospital immediately, or a child or young person who had been 'called by the gods' to go up the mountain (the same Abetifi) to become a fetish priest.

Snake bite was a fairly common occurrence, as snakes were endemic and most people went to farm daily to tend and gather their yams, plantain and other produce. The green mamba was a particularly feared poisonous snake, whose venom was neuro- toxic causing rapid paralysis. The clinic was fortunate to be able to keep anti snake serum, as we had a kerosene refrigerator. I remember one elderly lady who was brought in unconscious one evening. She had been carried from a far village, having been bitten, probably by a green mamba whilst at farm. It was just wonderful, if not miraculous, to see her slowly coming round and eventually sitting up, as the serum and fluids percolated into her.

We were also in the fortunate position of having a four wheel drive Nissan Patrol van generously funded by the German charity, Misereor, which we used as an ambulance. The nearest functioning hospital was approximately two hours drive away when the road was good. The head driver was Dominic, short in stature, taciturn by nature and an excellent driver. He could get the van out of any predicament, and knew its every nut and bolt. One day in the van Catherine said to him: 'Dominic, what's that noise the van is making- I haven't heard that before! Dominic replied: 'Sister, you don't think that this van has just sprung from its mother's womb!! Meaning- what do you expect after all it has been through, not to mention its great age!

One afternoon, Raphael, another of the clinic helpers who doubled as a gardener, came racing up to the house and in between pants said 'Sister! Sister! There's too much fire in the clinic! (as if a little was perfectly okay). I raced down with him, only to find the gas cylinder which was used to boil the water to sterilise the instruments had come apart from the gas ring and the connection tubing was waving around spewing flames. Fortunately, there was a bucket of water in the vicinity and Raphael bravely tore off his shirt and plunged it into the water to wrap around the tap of the gas cylinder to turn it off. The day was saved, thanks to Raphael. Health and Safety authorities would not have been proud of us.

The generosity of Ghanaians never ceased to amaze me. Often, family members would come into the clinic and present us with a dish of eggs covered with a cloth, to thank us on behalf of their loved one who had been successfully treated. One night, there was a lot of commotion and Catherine and I looked at one another, expecting a 'palaver'. Instead, it was a grateful family who had brought us a pig (alive!) The decision was rapidly made that the poor pig should fulfil his role in life sooner rather than later. The bush telegraph was particularly effective that night, and the house was surrounded by willing helpers. Paul, our cook, had already called one of the muslim elders, who would bleed the pig from his throat into a hole dug into the ground, so that our muslim staff could partake of the feast. I then had an inspiration. I grabbed the frying pan and a knife and ran into the garden, where the slaughter had happened. The pig's abdomen by now was opened, and before anyone could claim it, I cut out the liver and slid it into the pan. That night, Catherine and I enjoyed fried liver. I reflected on how my culinary preferences had changed and how circumstances could dictate behaviour. As a child, I could not stand liver. When I thought no one was looking, I used to cut it up into small pieces and bury it under the mashed potato on my plate, thinking my mother would allow me to leave some mashed potato rather than the liver. Hunger certainly does prove to be good sauce!

In Ofoase, there were a number of boys of similar age who had contracted polio when young, and their limbs were hideously distorted. They walked on their hands, their legs trailing behind like bent twigs. We knew of a German St John of God brother, Tarcissius, who was skilled in making footwear and various prostheses, and who annually arranged for orthopaedic surgeons from Germany to carry out corrective surgery on deformed limbs at their hospital in Koforidua. We enrolled our group of boys into this project using money that had been donated to us for medical use. One of the boys, Kwaku, was a particularly loveable rogue, with an infectious smile that lit up his face continually. After surgery and physiotherapy, the boys were fitted with callipers and crutches. For the first time in their lives, they were upright, and could see faces rather than feet. It was the most heart warming sight to see the group of them playing football for the first time, crutches and callipers waving and almost flying with the joy and abandon of being able to run.

One Christmas, Catherine and I thought we would hold a party for the people we had come into contact with in the course of our work who were particularly needy. Along with the boys, there was a young woman, Amma, who had severe TB whom we would visit regularly for her injections. She was 'kept' in a small, dark hut in a village not far from Ofoase and had no means of earning a living. There was a poor widowed lady, Mrs. Grushie, originally from the North who lived in the muslim area of Ofoase, known as Ofoase Kuma. She had three children who all looked as if they had some developmental problems. These, with a few more individuals, we invited to the party. All the staff came to prepare the food which we were going to have outside on the balcony and in the garden. Most guests had arrived. When the food was about to be served, I remember exclaiming 'Good Lord!' as I looked out through the louvers to see a long line of people limping, hobbling, or being carried or guided down the path to the house. Some were blind, some were crippled, or deformed in some way, some were emaciated..... it was just like the page of the gospel had opened and poured out.... The poor, the lame, the blind...all coming to our feast! Catherine and I were speechless and it made a lasting impression on us. The staff rallied round and we found sufficient to give everyone something. It felt a humbling and graced day that I have never forgotten.

Catherine had worked hard in developing the training of village health workers and traditional birth attendants and of course various vaccination programmes. It was time to employ a second community nurse to help take this forward. It had proved difficult to recruit nurses to Ofoase, as it was an isolated place that people perceived held no prospects or opportunities and where people would think, if not say: 'Can any good come out of ....'. So when we met Cecilia, who actually wanted to come to Ofoase, and wanted to be seconded to us from the local government hospital, we

were delighted. She was married with a little boy and girl and a devoutly Christian young woman. It was arranged the children would live with their father and his parents and they would visit as much as possible. When Cecilia arrived in Ofoase, she fell on her knees in prayer, thanking God for bringing her here. She loved the work and the people. She had only been with us a few months when she developed a sudden high fever one night. She did not respond to the usual medications, and became more and more drowsy before our eyes. We decided she had to go to hospital, and to the hospital that had seconded her to us, as it was nearer. Sadly, she died in my arms on the way there. We continued on to the hospital. The post mortem eventually revealed she had died of viral meningitis C. Her family were notified, and her husband came to Ofoase. What could be said? A team came from the hospital to vaccinate all the clinic staff and those Cecilia had recent contact with. Apparently there had been some small pockets of the disease in the country. Unfortunately, word went round that Ofoase was jinxed, and that the devil was working there. It was a difficult time for everyone. I often asked myself why had I not taken her to hospital sooner?

I have many more memories of my time in Ghana. It was for me what might be called a 'foundational experience' It was a graced and gifted time for which I feel privileged and grateful. The memories continue to bring me joy and wonder, which I certainly 'treasure in my heart'. I am grateful to Sr. Marie Paula, who initially asked me to go there.