

# Mercy Ship – a wave of healing

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## ABSTRACT

*Mercy Ships [1] is an international charity that was founded in 1978 as the maritime division of Youth With A Mission and currently operates as the largest non-governmental hospital ship in the world. The merchant vessel (M/V) Africa Mercy provides free health care, community development projects, community health education, agriculture projects, and palliative care for terminally ill patients. M/V Anastasis (1978–2007, retired) was a flagship of the four-strong Mercy Ships Fleet which was manned by volunteers and equipped through donations to bring physical and spiritual healing to the poor and needy in port cities around the world. The purpose of this article is to make known the growing need for help in developing countries and to share my personal experience while working for the Mercy Ships organisation on board the M/V Anastasis.*

*In developing nations, 1,2 billion people live in absolute poverty and have no access to basic health care, clean water and sanitation. The “big killers” in our world today (such as infectious and parasitic diseases, lack of basic sanitation, diarrheal diseases, upper respiratory infections, lack of vaccination, malaria, tuberculosis, hunger and hunger-related diseases, death in childbirth) are preventable. Behind every statistics there is a story, a life and a person waiting for hope and healing [1]. What little we do to prevent these can have a major impact.*

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**Key words: Mercy Ships, medical outreach healthcare, life changing surgery**

## INTRODUCTION

I will never forget the day, when M/V Anastasis, the world’s largest hospital ship, docked in Gdynia in 1990. This white, majestic ship, with 350 smiling friendly international crewmembers, came to share their stories about the poor and needy people from developing countries.

At that time I was working in the cardiac ward of the Maritime Hospital in Gdynia. As I heard the crew sharing the needs of these people, I asked myself one simple question: What can I do to help? I felt God leading me to use my medical experience and abilities to serve these needy people, therefore I joined the crew on board the M/V Anastasis. This article is about The Mercy Ships organisation and my personal experience while working on board the largest, non-governmental hospital ship in the world.

## ORGANISATION [1]

### THE ORIGINS

The Christian organisation, Mercy Ships, has grown out of the another Christian organisation, Youth with A Mission.

Its desire was to share their faith with all the nations. From 1978 Mercy Ships has been providing spiritual and practical help to meet the physical needs of poor and needy people in developing nations. A founder and a President of Mercy Ships, Don and Deyon Stephens, was inspired by the work of the international hospital ship SS HOPE. His research showed that 95 of the 100 largest cities in the world are port cities. Therefore, the hospital ship could deliver healthcare very effectively to the large number of people and provide suitable service for poor and needy people around the world.

The process of finding the suitable vessel was fulfilled in 1978.

### THE VISION STATEMENT

Mercy Ships is the international, faith-based organisation with a mission to increase the access to the health care throughout the world. It seeks to become the face of faith in action, bringing hope and healing to the poor.

Through the deployment of the world’s largest charity hospital ship, the Africa Mercy replaced the Anastasis in 2007. Mercy Ships works with host nations to help fill the

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**Figure 1.** M/V Anastasis [with the permission of Mercy Ships]

gaps in health care systems, while serving the immediate needs of their population.

As a Christian charity, Mercy Ships freely serves the poor without regard to race, gender or religion.

### HISTORY OF ANASTASIS [1, 2]

The Anastasis (1978–2007) (Fig. 1), was one of the four hospital ships operated by Mercy Ships Ministries. This ship was formerly an Italian cruise ship, named The Victoria, which sailed between the Far East and Europe. It was purchased from a floating scrap yard in Greece by the Christian Mission in 1978. The purchase price was US\$1 million dollars, which was the scrap metal value of the ship. The ship was renamed the Anastasis, which in Greek means resurrection. Teams of volunteers worked tirelessly until she became seaworthy again. The ship finally became a floating hospital on which up to 400 people from over forty nations volunteered their time and talents to reach the needy with hope and healing. On board the ship, life-changing surgeries were done, including eye surgery and maxillo-facial surgery. In addition to medical teams, also dental teams, construction crews, and agriculture teams worked helping the underserved in West Africa and developing nations. In 1983, the Anastasis began operations in the South Pacific, then moved to Central America and the Caribbean Sea in the mid 80's. In 1991, the ship moved to Africa and continued its service there. In 2007 it was replaced by the new vessel, M/V Africa Mercy (Fig. 2). The final port of call for the Anastasis was Monrovia in Liberia. In May 2007 the Africa Mercy sailed into the port of Monrovia to meet up with the Anastasis. Although the Africa Mercy ship was supplied with the updated equipment, some of the more valuable equipment and supplies, as well as the crew, were transferred from the oldest Mercy Ship vessel to the newest one [3].

### THE SHIP FINANCES

All of the ships expenses were paid for through the financial gifts from individuals and businesses around the world. None of the crew members or hospital crew



**Figure 2.** M/V Anastasis and M/V Africa Mercy [with the permission of Mercy Ships]

received any financial payment for their services, either from the organisation itself, or from the patients treated. Actually, each person on board the ship was responsible for raising funds that covered the cost of their room/board, insurance, plus part of the cost of port fees, medicine and other supplies. The Mercy Ship organisation raised additional funds for fuel, maintenance, and other operating costs of the ship.

### PORTS VISITED

The Anastasis visited 275 ports and conducted 66 field assignments in 23 nations: Guatemala, New Zealand, Fiji, Tonga, Samoa, Mexico, Jamaica, Dominican Republic, Poland, Togo, Ghana, Estonia, Ivory Coast, Guinea, Sierra Leone, Lithuania, Senegal, Latvia, South Africa, Madagascar, Benin, The Gambia and Liberia.

### LIFETIME LEGACY

Since 1978, the Anastasis performed more than 1,000,000 services, at a total value today of some US\$330 million with an estimated 1.5 million people as direct beneficiaries. Crew onboard the Anastasis (1983–2007):

- performed more than 18,800 surgeries, such as cleft lip and palate, cataract removal, straightening of crossed-eyes, orthopaedic and facial reconstruction;
- treated more than 88,600 people in the village medical clinics;
- performed more than 137,000 dental treatments;
- taught more than 4,000 local health care and professional workers, who have in turn trained many others on primary health care;
- taught more than 59,700 local people on primary health care;
- completed more than 540 construction and agriculture projects including schools, clinics, orphanages and water wells.

After 29 years of serving as the world's largest non-governmental hospital, the M/V Anastasis was retired and replaced with The Africa Mercy Ship, which is an even larger and more modern ship. This ship still ministers to the African people today.

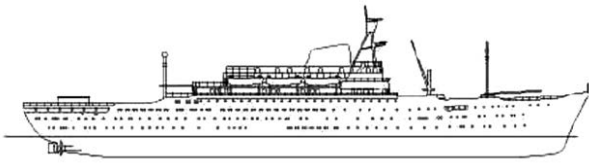


Figure 3. M/V Anastasis [with the permission of Mercy Ships]

### THE ONBOARD MEDICAL FACILITIES

There were the following medical facilities onboard the Anastasis:

- three operating rooms;
- 40 bed hospital ward;
- intensive care unit;
- X-ray and computed tomography scanner;
- laboratory;
- pharmacy;
- crew clinic;
- blood bank – where crew members provided a secondary source of blood;
- dental clinic.

### THE SHIP'S SPECIFICATIONS (FIG. 3)

The Anastasis specifications was as follows:

|                |                                |
|----------------|--------------------------------|
| Length         | 159 m                          |
| Breadth        | 20.5 m                         |
| Gross tonnage  | 11,701                         |
| Built          | 1953 Trieste, Italy            |
| Registered     | Malta                          |
| Capacity       | 444 berths                     |
| Cargo capacity | 3 holds/21,000 m <sup>3</sup>  |
| Main engines   | 2 Fiat diesels (8,050 hp each) |
| Draft          | 6.9 m                          |
| Surveyed by    | Lloyds                         |

### MY EXPERIENCE

I had the privilege and honour to serve on board the M/V Anastasis from 1991 until December 2000. During the first two years I was a village clinic doctor working with an international team of medical providers. We travelled from village to village, providing medical care to the people, who had no other access to the medical care.

At the beginning of 1993 I became a crew physician and the primary care doctor on board. As the primary doctor, I provided care for all crewmembers, day workers, in addition I cared daily for over 40 surgical patients on board and performed consultation for all the patients before and after surgery. During my nine years working with The Mercy Ships, I served on board and ashore in some African countries, such as Benin, Togo, Ivory Coast, Gambia, Senegal, Ghana, South Africa, Madagascar, Guinea, Sierra Leone and Liberia. Each year we spent 9–10 months in Africa and the

remaining 2–3 months traveling to more than 20 developed countries in the USA and Europe. This time was spent on collecting donations, spreading the word about the mission and the medical and non-medical work on M/V Anastasis. That was a vital part of our mission, since all the workers volunteered their time and medical care free of charge.

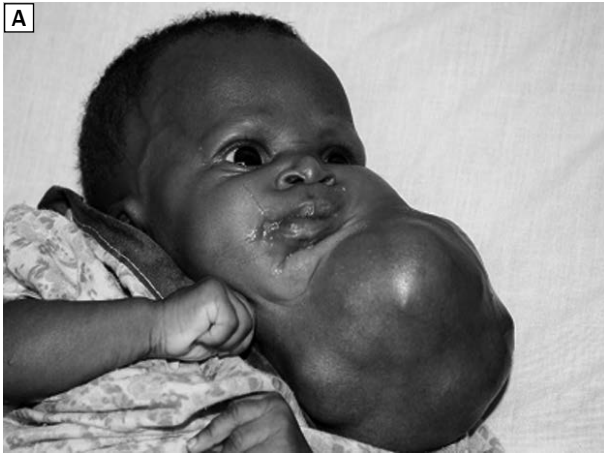
### NEEDS ENCOUNTERED

From the beginning of my work I learned that one child in 8 dies of preventable disease in the developing world before age 5. Every year, 6 million children die from preventable diseases such as: malaria; the lack of access to clean water, causing diarrhea; the lack of vaccinations; and some other diseases such as HIV, tuberculosis or pneumonia [4]. An estimated one billion people lack access to basic health care, struggling with preventable diseases, untreated illnesses, and neglected injuries. The access to good medical care, clean water and sanitation was the key focus which was provided by the Mercy Ships fleet and in accordance with the World Health Organization health strategy and recommendations [4].

Beneath one may find two of many spectacular examples where we have helped.

This baby (Fig. 4) is the example of a life that was changed. She had a cervical teratoma, which is a monstrous congenital benign tumour that can threaten the baby's breathing. What started out of the size of a golf ball, yet after three months grew to almost the size of her head. Her mother feared for her life. She and her husband took their baby to the local hospital, but there was no surgeon to operate. After returning home her sister-in-law told her about the hospital ship filled with doctors and nurses, which had come to Cotonou. She had just returned from the ship after being treated for an eye problem and thought they could maybe help her child. When the baby arrived at the Mercy Ship, she was very malnourished. She had such eating difficulties, that they had to put her on a 30-day feed program before they could operate. It took six hours to remove the tumour, which weighed 375 grammes or 15% of the babies weight. She spent over a month on the Africa Mercy, recovering and being fed through a tube to help her regain the weight. Since the operation, she has grown steadily and gained in vibrancy. She is a real-life example of how donor support works. Had it not been for the generosity of people who haven't even met her, she would have been condemned to die. Other stories of lives changed on Mercy Ship can be found at the Mercy Ship webpage: [www.mercyships.org](http://www.mercyships.org).

A 15-year-old boy who had travelled with his father to the port of Cotonou, to receive the treatment. A five-pound tumour, that was disfiguring his face and preventing him from eating, was removed. Now he is home again, back at school, playing football with his friends (Fig. 5) [5].



**Figure 4.** A baby before (A) and after (B) surgery on A/V Africa Mercy [with the permission of Mercy Ships]



**Figure 5.** Fifteen year old boy after surgery on board the ship [with the permission of Mercy Ships]

## SHIP'S CREW AND PROCEDURES

### THE SHIP'S CREW

All the volunteers, the international crew, included 25 families with 50 children of all ages. Literally, it was a floating village, having a school and the teachers, hairdresser, shopkeepers, carpenters, cooks, welders, electricians, agriculturalists and plumbers, even a clergyman for the crew. Of course, the ship had a full complement of officers, engineers and seamen. During the times the hospital and the clinics were busy working, the deck crew was busy keeping up with their usual duties like painting and maintaining a seaworthy ship. Volunteer crew often served as “walking” blood donors for the surgical patients operated on board.

### THE MEDICAL TEAM

For most of my time on board the Anastasis, I was the only physician or crewmember from Poland. I worked as the crew physician for the volunteers and directed the medical work in the hospital ward. Other doctors serving on board were: Chief Medical Officer (CMO) from USA and Chief Eye Surgeon (CES),

also from USA. The CMO had performed life changing surgery such as: cleft lip and palate or large tumours removal. The CES patients received eye surgery such as cataract removal, strabismus correction, vision beauty restoration and vision to the patients. The village service doctor (from USA) directed the medical clinics where other doctors and nurses went ashore to attend to the needs of people in the villages. His wife stayed on board to assist the CES with the eye patients and eventually was the director of nurses. Their three children attended school on board, along side the other crew member's children, while their parents were “at work”. The permanent crew consisted of 25 medical staff. During the West African outreaches, the staff swelled to about 100 short-term volunteers, which helped the staff in the clinics and hospital ward.

### FIELD PROCEDURES

About three months before the ship's arrival to the outreach location in West Africa, the advanced team made arrangements for the surgical screenings. Shortly after the ship's arrival, the surgical patients were selected from the several thousand hopeful patients who wanted help from the ship's hospital crew. Unfortunately, many had to be turned away in the selection process, if the hospital was not able to provide the care they were seeking.

The patients who were selected for either eye or maxillo-facial surgery were given a physical examination, including blood studies, and then were scheduled for surgery. Patients who had underlying physical abnormalities, e.g. malnutrition or tuberculosis, were given medical treatment prior to their surgeries to insure a good surgical outcome. Those who were healthy were then given a deeply treasured card with their appointment date. They come to the ship the day before their surgery for preparation. Preoperative procedures, as similar as possible to those in North America or Europe, were performed.

Doctors and nurses working on board were often surprised to be able to work under the similar conditions and using much of the same equipment available to them in their home country hospitals. The conditions of patients being treated, however, were commonly far more advanced than the surgeons would see if they were working at home, because of the lack of affordable care available in West Africa or complicated by the folk remedies that had been administered by witch doctors. Eye patients spent two nights on the ship prior to discharge, while maxillo-facial patients often spent weeks onboard, recovering or waiting for the second surgery. Occasionally, patients had to be referred to Europe for follow-up surgeries.

### GOING ASHORE

While surgical treatments were done on the ship, other crewmembers went ashore to treat common medical conditions in the villages and dental teams carried out their duties in the mobile clinic, specifically designed to be used in rural settings. Both, medical and dental teams, typically treated a hundred or more patients a day and provided teaching on good hygiene, prevention, and self care.

The ship also supported teams working in community development training, building latrines, hospitals, and training centers. During their off hours, crew members visited hospitals, schools, and orphanages, demonstrating also the Gospel. Many lasting relationships were formed between the crewmembers and the people of Africa.

### CONCLUSIONS

The most rewarding time of my life has been the time I spent serving on this ship, helping the underprivileged people of Africa. Through this time I have received great riches! Although none of these riches are monetary. These are the friendships, which I have made and still have them today. These are the memories of many people who received help and healing through our medical services.

If only one person decides to donate their time, talents or gifts towards helping the poor and needy, my purpose of writing this article would be fulfilled.

### CONFLICT OF INTEREST

The sole purpose of this article is to share the experience of Dr.'s Elżbieta Kłoda, and is in no way sanctioned by The Mercy Ship Organisation.

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Read more about the Mercy Ships:

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### EDITORIAL COMMENT

The international activity of dr Elżbieta Kłoda expressed in the article published hereby has been regarded, appreciated and honoured with the 2012 Aleksandra Gabrysiak's Award by the Regional Chamber of Physicians in Gdańsk.

This award is granted for the accomplishments exceeding the standard work duties of the physician, especially in selfless help bringing to those in sickness, suffering and needy. The Editor-in-Chief and the Editorial Board of the IMH are happy to join the congratulations and express the support for similar actions all over the world.