

Il Centre Medicale Avancè (CMA) of Nanorò and of Burkina Faso

Burkina Faso is a former French colony of western Africa situated south of Mali (the heart of the old Sudan Empire). It's more or less as big as Italy with 20 million inhabitants. It's the third poorest country in the world exposed to the advancement of the Sahara sands. It became independent in the sixties and was called the republic of Upper Volta and remained under the French influence from a point of view of culture and economy. The most important fact regards the incentive to convert it's original source of agriculture, which consisted in the cultivation of cereals to the intensive production of cotton which in turn led to the submission of a subsistent economy to international dynamic speculations and in particular to the impoverishment of lands and a rapid process of desertification.

Meekness and honesty are the traditional prerogatives of the inhabitants of Burkina Faso, which in the language of the dominant ethnic group Mossi, means "land of the Honest". Consequently, the crime rate in this country is very low and there is a great sense of ethnic and religious tolerance among the inhabitants; this allows the co-existence of animism with a moderate Islamism but also with the catholic religion that is becoming more widespread especially in the urban centres.

In the past the country was under the stormy influence of Marxism, but this is now only history and what remains is a heritage of great solidarity and civil sensibility. This can be seen in the young generation occupied in the field of healthcare; people who are brilliantly and ethically motivated.

Thanks to their eager and altruism that a group of eight young professional nurses, four of which dedicated to surgery and four to anaesthesiology, under the guide of one sole surgeon, a former head surgeon in pension, they gave life to a medical centre. The centre is in Nannarò which is a rural town 150 kilometres north west of the capital Ouagadougou. The centre is equipped with two discreet operating rooms and has fifty beds, 1200 operations are carried out there every year.

Allow us to say that the role of the person responsible for anaesthesia, a common occupation in Africa where doctors responsible

for anaesthesia are almost unknown, has little to do with the wonders that happen in the operating rooms of Nanorò: spinal anaesthesia is placed within minutes, surgical emergencies are dealt with safely and efficiently, from the high blood volume to bronchospasm in the paediatric patient, intubation without hesitation even in very big goiters, things that we could not even imagine a long time ago, recovery from surgery without complications.

The nurses who work in surgery could shame the nurses in our continent; they are able to carry out minor elective surgery in complete autonomy (hernias, ulcers, the dressing of wounds, superficial wounds) and cope with 24 hour emergencies that arrive from all over the territory (traumatology, acute abdomen, caesarian births). Patients are transported on moto ambulances which are made up of nothing more than the extension of the frame of a yamaha 125 motobike on which stretchers are placed.

Ethics, capability in making decisions, physiopathological and anatomical culture and manuality in surgery seem to be more than adequate to match our European standards.

Diagnostic support is almost inexistent, with the exception of an elementary laboratory and traditional x-rays which are used very sparingly for financial reasons, and almost exclusively in orthopaedics. Diagnostic sonography is scarce and not very reliable, most of which is carried out in the hospitals of the capital. There is no Computerised Tomography, a gastroscop and a coloscope used rarely, which all together reveal the wish to activate better services. Histology is also carried out elsewhere and is scarcely reliable and used owing to the inexistence of a mere trace of oncology. Luckily patients adapt well to their conditions; frequent is the presence of chronic anaemia, but patients are able to tolerate well even significant losses of blood during and after surgery, it has never been the case to require the intervention of transfusions. When questioned on the matter, Dr Gino Capponi replied vaguely but without hesitation that "if necessary, blood can be found".

The use of goods of consumption is intelligent and frugal. A nun keeps everything necessary locked up which could seem an exaggeration but

is more a question of showing authority than a real necessity. The fact is that sanitary material that comes from the medical centre cannot be found on sale in the weekly market as it is customary in Africa.

The short period of hospitalization after surgery is in line with the standards of surgery in the west world. The rate of cancer not correlated to HIV in young people is surprisingly high.

All patients must pay for treatment and the cost of a kit for surgery and admission into hospital varies between 45 and 60 Euros. This money is paid into the missionaries' account.

Various humanitarian organizations offer support and see to the needs of the many poor patients who are not able to finance their needs. (frequently expenses are covered by Dr Gino Capponi personally.)

The prospects

The budget of the medical centre of Nannarò is positive at the moment, the opening of a third operating room would allow, according to the project of the camilliani priests, operations to increase to 2000, guaranteeing the funds necessary to care for the poor.

The catchment area extends further than the Administrative district and is well known to reach the political administrative elite not only of Burkina but of the neighbour countries, like Mali and Niger. As results from this presentation, the

situation does not require intervention from scratch but simply a greater contribution on behalf of volunteers such as surgeons, radiologists, ect who would be willing to stay even for a short time there. This would contribute decisively to the attainment of the objectives proposed.

The camilliani priests take care of their guests in the most hospitable manner. They pick them up from the airport and see to their needs until their return home. No particular recommendation is necessary ; the only inconvenience could be the extreme heat during the rain season, from June to the end of September. However volunteers spend their time between the operating room and the guest quarters which have air conditioning. The heat is only a minor problem. Compulsory is the prophylaxis against malaria, but only for burocratic reasons, vaccination against yellow fever. There are flights every day at least from Rome, with air France, via Paris and with RAM via Casablanca. (advised for the convenience of departures)

Errico Orsi

(for an unedited prospect of *Burkina Faso*: http://www.nadir.it/portfolio/ERRICO_ORSI/ErricoOrsi_01.htm)



Notice for volunteers in departure for Nanorò : the pace in the operating theatre will be mad.



African mystery is guaranteed



Almost everywhere there are remains of a stormy political past



The spirits of the wood in a village of an ethnic group of Dagon



The Mosque of Bobo Dioulasso



In the rural villages Christianity of the origins is discovered



The welcoming committee at Nanorò



Patients come from the villages of the surrounding savannah, even from as far as Niger, Mali, and the Ivory coast



Medical examination is an important event and its worth dressing up



At times hospitalization allows people to enjoy the comforts that they lack in everyday life



The waiting list for operations is long and includes a variety of patients



Some humanitarian organizations finance the kits for patients who cannot afford it. Sometimes Dr Gino Capponi offers to pay for them, himself.



The diversity of culture and religion requires resorting to the use of the Bible



A surprising experience that will be memorable



When patients are admitted into hospital they receive a kit which contains everything that is necessary from the thread used in sutures to luncheon vouchers



It is normal that volunteers end up receiving more than what they are able to offer



Religious staff are responsible for the meticulous management of financial resources