



Walking the mountains

Last year's General Practice Registrar of the Year Verena Doolabh visits PNG with Australian Doctors International

Verena with a local child in Olsobip in the Star Mountains

The past few years have seen some of the most challenging and rewarding experiences in my life. In September 2006, while sightseeing in Jordan, I was shot in the spine and instantly paralysed from the waist down. I was rushed to hospital and had an emergency laminectomy to remove the bullet lodged in my spinal canal. By some miracle, my spinal cord was not severed, and, after 6 months of intensive physio and hydrotherapy, I was able to walk again. But this wasn't enough, so, 18 months after the shooting, I trekked to Everest Base Camp to raise money for Spinal Cure Australia. Having been given a second chance at life, I want to do more for others. Earlier this year, Australian Doctors International (ADI) helped me to fulfil this desire by deploying me to Papua New Guinea for 3 months.

Taking leave from the general practitioner training program, I packed my bags for Papua New Guinea, leaving behind a boyfriend, home comforts and a comprehensive health care system for the Western Province of Papua New Guinea. The largest province in PNG, the Western Province makes up 20% of the

country's land mass, yet only accounts for 3% of the country's 6 million people. It is extremely rural and remote, with very little infrastructure for communication and transport. It's not unusual for people to spend days or even weeks getting to their nearest health centre, aid post, or, if they are really lucky, a hospital.

I arrived in Kiunga, a Western Province town of around 15 000 people. Although Kiunga has a district hospital, until January of 2009 they had been without a permanent doctor for several years. Arriving at the hospital, I met Sister Joseph, a spritely, no-nonsense British surgeon who had come to work there. Now 70 years of age, Sister Joseph has been working in PNG for 22 years. She has a great vision for Kiunga Hospital. Trying to realise it, however, is a massive task, as she must deal with corrupt management, an overspent budget, toilets overflowing with faeces, no food for the patients, no oxygen cylinders, and squatters in the morgue (with air conditioning and running water, it's a haven!). In just a few short months, people from all over the province were

lining up to be treated by Sister Joseph in the newly resurrected theatre. Sister Joseph does it all – caesarians, basic orthopaedic procedures, tendon repairs, debridements for chronic ulcers.

While I was at the hospital, a 2 year old boy presented with an advanced case of retinoblastoma. The tumour was like a tennis ball protruding from his eye socket. As the boy was being intubated, a carotid thrill was felt incidentally as cricoid pressure was being applied. On further examination, we discovered that he had an extensive carotid cavernous fistula; had the operation continued, the child would have bled to death. The procedure was aborted. Unfortunately, now the boy's only option is to try and get access to chemotherapy.

Another noteworthy patient was a 13 year old girl who presented weighing a mere 25 kg. She was diagnosed with tuberculosis and typhoid. After 2 months in hospital on intensive therapy, her progress waxed and waned until eventually she self discharged to see a witch doctor in the hope that he might

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'remove the blockage preventing western medicine from working'. Three days later she died in her home.

These are just two of many cases that stick in my mind and reflect the health circumstances of Western Province people. With access to health care so scarce, people often present in the advanced stages of diseases that might have been prevented had they presented earlier. Sorcery and witch doctors play a large role too, with people often seeking occult advice before that of their local health workers. A great deal of secrecy surrounds these practices; though everyone partakes in them, few will openly talk of their experiences.

When I wasn't in Kiunga, I was doing GP clinics in remote villages. My first patrol took me to lowara, a settlement for West Papuan refugees. After 5 hours of being pelted with red mud on the back of a tractor on the only 'road' in the area, I arrived at lowara health centre. Much of the building is being destroyed by termites, and TB in the community is rife. Electricity had recently been installed, which meant the local women no longer have to deliver babies by the faint glow of kerosene lamps and candles. A mini laboratory had also been installed, allowing them to do the basics – sputum for acid-fast bacilli, malaria blood slides, haemoglobin and urine microscopy.

Another patrol saw me travel in a dinghy down the Fly River to Boset in the Middle Fly district. A journey which was supposed to take 14 hours had us spending a night on the Fly River huddled under a tarpaulin and smothered in Bushman's insect repellent as black rain clouds threatened and mosquitoes buzzed around our ears. We were grateful when the sun crept up, revealing that we weren't as lost as we had thought (a handheld torch was not good to navigate a river by), and that

the turnoff (a small gap in the reeds) to our destination was only 15 minutes away. Boset was in an idyllic location, on the banks of a lagoon, with sunny skies and warm water surrounded by palm trees. It proved a stark contrast to the clinics of the Middle Fly, which were filled with leprosy patients and victims of horrific domestic violence and incest. It was a confronting 10 days. I could offer little to the victims of abuse apart from a sympathetic ear (via translation) and some panadol. I did what I could to raise community awareness. In these communities there is no option of escape, and women are left to endure this abuse in silence. Dealing with leprosy was very interesting, and I was pleased to find no shortage of medication thanks to the efforts of ADI volunteers before me. Although I continued to diagnose new cases, I was able to see the significant improvements medication – and compliance – have made.

My final patrol saw me trekking to remote villages in the Star Mountains, some of which had not seen a doctor for several years. I was fortunate to be flown by chopper into the main settlement of Golgobip, avoiding the 3 day trek in. Once there, however, I had to trek 10–12

hours per day through dense jungle, with machete wielding locals often cutting a path in front of me. I was scrambling up tree roots as if they were ladders and steps, walking on slippery stones and logs, and crossing the occasional 'cane bridge' (a tightrope suspended over a river with two other wires for you to hold with your hands). The villagers there lead a simple life. Their health complaints were mostly chronic pain and respiratory problems, reflecting their hard lifestyle of walking up and down mountains with heavy loads suspended from their heads, and a lifetime spent around a fire in their poorly ventilated wooden huts. They were very appreciative of a doctor visiting, even if I was only able to offer them panadol, aspirin and some pilates-style exercises. What I was able to do, however, in the Star Mountains and in other communities, was educating villagers about salbutamol inhalers and how to make a spacer from an old cordial bottle.

Working for ADI was an incredible and challenging experience on all levels – medical, physical, emotional and spiritual. I have come home with a greater appreciation of the simpler things in life, but also of how lucky we are here in Australia. ♦



Verena examining a boy for inguinal lymphadenopathy under a house in Aimbak, Middle Fly