

DISPATCH FROM THE MEDICAL FRONT

White mud letter to a dear dead friend

My face is covered in white mud from Enga. Wet and stiff, it was gathered from a special bank on the left-hand side of the road in Enga province, in sight of a waterfall, high in the grey green hills before Mount Hagen. To mourn in the Enga Highlands, you smear your face (reddish brown black, as faces are in Papua New Guinea) with this clay, which at first seems a dull putty colour, but as it dries, and your face tightens, and feels slightly stinging, it turns quite white.

I am in my hotel room at the Holiday Inn in Port Moresby, at nearly midnight, alone in my room typing, with drying white mud on my face.

As the tears fall, streaky furrows open up in the white. Jens, the last time I saw you was here in this country, and it would sadden you even more perhaps than your death has saddened me, to see this place.

I have just come back from 2 weeks in 3 provinces, seeing unmet promises. Huge windfalls of money from oil, gold, gas, copper, nickel and forestry were promised from a special supplementary fund that had a large allocation for upgrading maternity wards in hospitals and health centres. With a probable doubling of maternal deaths in the last decade, the provision of adequate services to provide emergency obstetric care was promised as a use of this money. Which seems to have disappeared, lost in a political power struggle between the departments of Health and Planning — my pockets or yours. Some maternity wards were upgraded, but the bills unpaid, as they were at the Catholic Divine Word University in Madang. Most have been planned since 2006, with carefully done drawings, but can now not be financed.

When we travelled through Enga province, we met hundreds of community members, in health centre after aid



Dr. Aham Isika

Dr. Gretchen Roedde, second from right, inside a waiting maternity house in Papua New Guinea.

post after district hospital and provincial hospital, asking, “What happened to the plans? Where is the money?” Two facilities had trained volunteer workers, advocates, who had built special waiting homes from their own resources for pregnant women to come to before delivery. These were built of bush materials, rushes, wood and earth. Women who seek care during labour have a several-hour or day-long walk from their homes high in the hills. So to come ahead of time and stay in a friendly place, like home, would bring more women close to care. To have their deliveries performed by specially trained birth attendants, with access to emergency obstetric care when things go wrong, is supposed to reduce their chances of death. They built these waiting homes to be ready for the upgraded delivery rooms. Which will now not come. Now, they deliver on the cold

cement floor, in the dark, with no medicines. Really no point in leaving the comfort of home. And the radio doesn't work (to call for help at the next level of care or to get an ambulance), so women usually die on the way. At each health facility, we were told stories. In clearings under the trees, unmindful of the rain, hundreds of men, women and children told or listened to these stories. We heard of babies and mothers who died from no care. One man, with cheerful marigolds over each ear and a sprig of green fern crowning his head, told us of losing both wife and baby.

Small simple things are not here. No light, water, bed, simple medicines. The proud health advocates, trained as volunteers, are happy with their waiting house that they built together with the men. They have borrowed royal blue dresses from the church, to give them a special identity as they tell us what they



Gretchen Roedde

A waiting maternity house in Papua New Guinea.

are trying to do to help their communities. One woman singles me out in a speech. No white woman has come here before. No one has come from the capital before. She takes off a shell necklace worth a fortune and places it around my neck.

Betty, my Engan colleague translated, “When you go back to the big bosses in Port Moresby, don’t forget us. Tell them we are still waiting.”

I wore it when I made my presentation in Port Moresby. I told her story, and the stories of the unmet promises.

The busy people at the National Department of Health and the United Nations, looked at their watches, apologized, but said they had to go to another meeting.

Jens, I am mourning you in the Enga way. In Papua New Guinea, so loved by you that your dying wish, which could not be granted, was one last visit to try to put things right. I remember your story of being stopped by fighting tribesmen who sent you away because “tomorrow we will have a war and it will not be safe.” So when I travelled

on that Wabag Mount Hagen road, twice we were stopped by compensation sing sings — painted men with feathers, grass clothing, axes and long curved shining silver bush knives — dancing and singing on the spot, but inching toward each other, trying to make peace with promised compensation after a fight over land.

But my colleagues from Laigam district could not come by road because it was also the funeral of a university student in Port Moresby, killed in a drunken fight by a man from Laigam, so revenge killings against Laigam people were a risk. As we passed his village, where the funeral was taking place, many wore white mud on their faces and a loud wailing was heard as they dug deeper into the soil to place his body.

I am wailing, silently, sadly. I will wash my face and sleep. — Gretchen Roedde, MD, Port Moresby, Papua New Guinea

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CMAJ invites contributions to “Dispatches from the medical front,” in which physicians and other health care providers offer eyewitness glimpses of medical frontiers, whether defined by location or intervention. Submissions, which must run a maximum 700 words, should be forwarded to: wayne.kondro@cmaj.ca.