"I Fought the Law, and the Law Won" 85.0 (-5.00)

Book: The Rise and Fall of the Third Reich
The Call of the Wild

A peculiar turn of events resulted in the "closure" of the hospital. This is the story. One of the patients had come from a village, a long way away, from a people who are extremely isolated and had no friends or family in Kompiam. Whenever someone comes from a distance, family members come along to support the patient, as they get the food, help them go to the toilet etc. Basically they reside with them whilst they are in hospital. The husband of this patient (who most likely has TB) had met up with a local man who, seeming to be friendly, invited the isolated husband to dinner at his house. However, this local man is a true 'rascal', who was known within the community for his violence and intimidation. Once the local 'rascal', posing as a good Samaritan, had persuaded the distant villager away from public eye, he attempted to steal his billum (bag with all his belongings) and murder him with a bush knife. Fortunately, the villager was mobile and strong enough to evade the attacker, escaping the first attack with only minor flesh wounds and disarming his opponent. The rascal was not done yet and pushed the man down a cliff. This cliff that has been known to have taken multiple lives throughout Kompiam's existence, did not take one that night. The villager survived the fall by clinging to branches and afterwards was able to climb to safety. The 'rascal', assuming the deed was done, fled with his bag. Once the villager had climbed to safety, he alerted the security at the hospital, who notified the tribal members of 'rascal's' tribe. This tribe, who had been frustrated by the disrespectful and criminal actions of the 'rascal', found him, bound him and, due to the lack of policing in Kompiam, prepared to carry out the judgement, death via stoning. At the last moment, the biological brother of the rascal arrived and successfully pleaded his release.

For the Hospital, as the only real institution in Kompiam without a tribal background (the local churches often having somewhat of a tribal base), it is challenging to know what approach to take. An emergency meeting with the leadership was arranged. If they didn't act regarding the case, then far off tribal groups would likely hear of what happened and be too scared to come. If they did act, it could be seen, from the local community's perspective, that they were "being the law". The leadership decided the best course of action was to "close" the hospital until the 'rascal' is released by the tribe and then apprehended by police. The aim of this action was to put pressure on the tribe to allow the proper legal procedure to occur. "Closure" of the hospital is actually more like a strike. In practical terms, the general public are restricted from coming and going into the compound, clinics and outpatients are shut, elective operations are shut, however pregnant women/emergency cases are still seen. Other elective/non-urgent things are either delayed or sent to Wabag, our closest neighbouring hospital. The closure affected the hospital for 5 days. However, the suspect was not arrested. The nerve of the hospital leadership was broken by the tribe and the hospital re-opened. They "fought the law", however the local tribal law had won out

I think I will call my cat Rufus. Initial attempts at contact have not been successful. Rufus only comes out when it is not raining, and is on my porch for a brief moment between 8 and 9pm. I have been leaving milk outside, however I can't confirm that it is Rufus who is consuming it. I will persist.

The church I attend is the local Baptist Church, of whom the Hospital is associated via Baptist World Aid. Herds of missionaries arrived in the highlands after the discovery, in the 30s, of the peoples living here.

When it comes to hospital style facilities, it seems that the missionaries cooperated and geographically split the different areas so that the needs of the many were met and they were not competing with each other. As a result, the mission hospitals scattered throughout the highlands are well spaced from each other and are all in good working order. The local Baptist Church is affiliated with the Hospital, and a lot of the staff attend the Baptist Church but the Baptists would not make up the majority of church going people in Kompiam. 97.5% of the PNG population are reportedly Christian, however how that exactly plays out I am still unsure. A substantial number of the population still dabble in witchcraft or hold animist-based belief systems. Aside from these discussions of the faith of the nation, I enjoy my little Baptist Church. One needs stamina, as the service lasts for 3 hours (I am often an hour late). It takes place in a shed which has a pew at the back for the old men and everyone else sits on the lino floor. The songs, which are repeated each Sunday, are all in pidgin. There is no need for a projector, as the words are the same each week. The only amplified instrument is a keyboard, however, multiple musical pre-sets from the keyboard are the main attraction. These pre-sets are a simple repeating melody and basic beat that is designed to be backing track whilst someone plays the keyboard. These keyboard backing pre-sets are the musical frontline for worship, with the only other music coming from occasional inspired synth chords, emanating from the keyboard as well. Whilst being here I have met multiple people who have said that they are musicians, and initially I wondered why they were not stepping in and varying the music. But then I realised that this is not a problem in their eyes. Everyone knows the words, everyone knows the tune, and everyone glorifies God. Occasionally the Mills family run the music, as they can cover a whole band's worth of instruments, however the congregation often participate poorly, as they do not know the words. Maybe I have Stockholm's syndrome, but I am actually starting to enjoy the worship services. The songs, though repetitive, are catchy, and my pidgin is getting good enough to work out what is going on. My favourite being "Wat can wasim sin belong me? Blut belong Jesus, em tas all". The pidgin version of "What can wash away my sin? Nothing but the blood of Jesus."

It may be possible that my time in Kompiam has just been an introduction into PNG hospital work as my name has been put forward for another job. This is in a 100-bed Catholic mission hospital in Aitape, West Sepik, in the coastal north-western province of PNG, as this hospital will be without a doctor for 3 months. Dr Mills put my name forward for the position, as this gap is yearly left unattended. Initially, it was said that this position would start in July, however I found out on March 12th that it will start on the March 17th and finish in July. I leave shortly for the new and unknown West Sepik. I will plan to return to Kompiam once I'm done, for the sake of my herb garden and Rufus.

In light of this new opportunity, I started to focus on the specific things that I would need to improve if my patients and I were going to survive with me as the solo doctor. The area for which I am most poorly equipped, and where I could make the most difference, is obstetrics. The PNG Department of Health Services estimates the perinatal mortality rate at 5%, however these statistics rarely cover the rural areas of PNG, which often impact on statistics in a negative way. In light of this, regardless of whether I am going to work in West Sepik or not, I decided to try and force the issue of getting more involved in antenatal care, labour and deliveries. Unfortunately, the first delivery that I was involved in, was one of the terrible 5%. The lady had arrived with no prior antenatal care. She stated that she was '52 weeks' and still felt foetal movements, which is an impossibility. While we had planned to augment her labour, it started without intervention. I was called by Tania (the Heath extension officer) at 1130, as everything indicated that birth was imminent. Although, Tania was keen for me to lead the delivery, we

compromised such that I took a mainly observational role. There were some indications that the baby was in distress (meconium stained liquid and slow heart rate) and so we decided that baby needed to be delivered as soon as possible. Medication was given to encourage contractions, thus expediting the delivery. A suction cup was placed on the baby's head and attempts were made to manually accelerate the birth. These mostly failed, with multiple attempts for suction. We used a portable ultrasound machine to observe the foetal heartbeat, which was slowing further to <80 bpm, a critically low heart rate. The baby needed to be delivered immediately. The plan was to persist with the suction cup, which had thus far showed some potential. I don't know how long we persisted, as I, along with everyone else, had lost track of time. At 1330, through suction and chemically conscripted contractions, a floppy baby was delivered. It did not cry, it did not move, it had no heart rate and at the resuscitere it was declared dead. I was shaken deeply by this. I was always anxious regarding obstetrics in Australia, for things can go terribly wrong rapidly and if they did go wrong, it could cost two patients' lives. Now in PNG, with poor antenatal care and limited resources, this anxiety was supersized to fear. I felt so useless, I had no idea of what else I could have done and what I would do differently if something similar happened in the future.

In a debrief with Dave regarding the delivery, he discussed the way the birth was run, and to my surprise, suggested not much more could have been done in the PNG context. My thoughts of going to C-section or doing an episiotomy would likely not have helped. It may have been that by the time of intervention, the outcome was too late to prevent. He also discussed his battles in Kompiam and surrounding areas regarding obstetrics. The Hospital had worked for years to simply encourage women in communities to go into birth with another person present. In the Highland culture, a pregnant woman will go into the bush by herself and return(sometimes) with a baby. The big picture was, that having this woman birthing in Kompiam Hospital was to be considered a win. Soon there will be an initiative of the Hospital, to give families that birth at Kompiam a whole bunch of free stuff. Though the loss of a child is terrible, balance must be found between looking at the big picture and the individual cases. Getting too distraught by (horrendous as they may be) individual outcomes would lead to emotional burn out. But conversely, if you become too calloused and not care at the individuals you are stepping towards inhumane behaviour. The line is thin between the two. Mourn, as appropriate, but try and get back on the horse.