

## The road to Aragula

Books: The Hospital by the River  
The Great Gatsby

During this fortnight the opportunity opened up for me to pack my bag and hit the tracks through the bush. Kompiam, for most of the people we see, is a metropolis. For instance, it has a road which PMVs (public motor vehicles) drive to, as well as a school, a hospital and a few churches. It is not a bush place. A bush place is where there is no road, an aid post and often one church. Kompiam is the hub for multiple bush place aid posts and staff that run many of these. This week Dave, some PNG medical students and I visited Aragula, a bush place.

Aragula is an aid post that was under Baptist Health services (ie Kompiam Hospital's) control, but the government stiff-armed Baptist Health for control 3 years ago. I am not sure why the government wanted control. Maybe it was seen as a way to gain votes. Regardless, I am pretty critical of most things that the government runs, as I have seen a lot of them break down. The Hospital had brought in a lot of resources to the aid post, like a radio, solar power, a vaccine refrigerator and a rainwater with a pump. As there had been no visits for the past 3 years, it was deemed appropriate to check up on the facilities there and see how it was all running.

To get to Aragula, one travels initially by car. Firstly, there is a deep descent, then a river crossing, then an even steeper rise. Once on the ridge you travel along from mountain top to mountain top for about an hour. We had abnormally clear (and good) weather on the way there and were able to see into nearby valleys and their surrounding mountains. These roads are poorly kept and would be very difficult to pass in the wet season, with clayey mud that quickly forms bogs. We had some time up our sleeves, so we dropped into some of the nearby small villages. It had been years since Dave had been to the area, but he recognised many patients along the way, asking about their specific ailment. At one of the villages they asked us to build a new aid post. This is a common problem that Dave faces, with the strategic aims of the health service to provide care in a net like fashion to be as effective as possible. As we kept driving, the road got worse and the surrounding bush became denser. It developed into more of a wide track, with well-defined walking routes on the track rather than the grooves left from frequent tyres. A tyre popped in dramatic fashion along the road, which allowed the medical students to learn how to change a tyre on an incline.

We eventually reached Kusi, (see the photo opposite) the end of the road, and the start of the walk to Aragula. It was a steep descent into a valley and to the river. As it had been dry all day, the walking conditions in the late afternoon were fine, with some thick clouds providing reprieve from the sun. Some of the local people from Kusi walked with us, because it is not everyday that you see a bunch of Con-man (translating literally to "Red man", the Engan name for white folk).



We reached Aragula in the late afternoon, dropped our bags and admired the village. It was located on the bend where two rivers meet, forming a strong river. We greeted the local pastor and the some of the aid post workers, whom Dave oversaw prior to the government take over. The Engan style of village communication is just to all sit down together and all the “big” men, the people in the clan or village who are in leadership, speak and ask questions. Dave spoke, they spoke and asked questions. (see the picture opposite) The general feeling was that they were wanting the Baptists to take over the outpost again, in order for there to be more support for clinics and better maintenance of the facilities. They had no radio, and the fridge had not been working for a long time and so no one was getting vaccinated. The pump had stopped working as well, so they did not have running water in the aid post.



The most important piece of infrastructure that Dave had a hand in was still standing and working well. He had come to Aragula many years before to run a clinic and then was planning on going even deeper into the bush the following day. He had left Aragula in the drizzling rain, which had started the night before, and travelled down the river until he came close to the place to cross. With only the drizzling rain the river had swollen, but he was still determined to cross. Even with the assistance from some of the locals, he was carried downstream into rapids and miraculously somehow came to safety on the other side. He had heard of people drowning in the rivers, but had not appreciated how quickly the river could change. After that experience he swore to get a bridge built. Soon after some mining companies came forward and built three bridges in the area. I can confirm the one in Aragula is working well.



We ran a brief night-clinic before bed, mainly aiming to see pregnant mothers and children. As we had brought immunisations, we got as many dispensed as possible. That night we slept in the traditional way, in the lung-destroying cookhouse. (see the photo below) I slept like a baby after my evening meal of sweet potato, cooked in the ashes of the fire.



The next morning, we ran another clinic and fixed as much stuff as possible. We fixed the manual pump without too much stress, though the fridge was troublesome. We could not identify the problem, therefore we needed to take it back to Kompam for testing. The village had thus far been very accepting of us, therefore, at the time, seemed happy for us to take their dodgy fridge in an effort to fix it. However, the attitude of the village changed when Dave found some Rotary donated mosquito nets, which he started to hand out in front of the health centre. This started to cause problems as it quickly became evident that someone in the village had been cutting a profit



from the nets. The mosquito nets are donated and meant to be provided for free, with the person distributing them receiving a wage from Rotary. However, whoever had got their hands on them in this village had decided to get a bit extra on the side and had been charging people to receive the nets. The argument over the mosquito nets amongst the villagers continued to grow and grow and became a reasonably heated conflict. Dave, although initially trying to be calm and clear, had to step back and remove himself from the verbal conflict. We finished the clinic early due to the simmering but threatening escalation happening outside, leaving the villagers to sort things out themselves. As we put

on our packs and made a start up the hill, the fridge was tied to a big stick, but there was no one to carry it. All the men had been caught up in the argument and had disappeared. Whilst I was looking around to see where all the men went, Dave walked over to it unphased, caught my eye and nodded at the fridge. He was saying without a word, "Let's carry it". It would have weighed 60kg. That weight, with the incline, and our backpacks, in the middle of the day, would have been a most arduous task. We lifted it and started walking up the hill. Within 5 seconds half a dozen men came from various directions. By



the time we had walked out of town, 8 men were taking turns carrying the fridge up the mountain. Even with the great weight, they walked faster than Dave and I. Throughout the walk we were overtaken by more men who had heard about the fridge going up the mountain to get fixed and were trying to catch up to help. Thus everybody and the fridge got back safely to Kompam. We are yet to find the fault with the fridge.

Thank you to those who have been supportive in praying regarding the government funding. 2 weeks ago, the government released 4 weeks' worth of funding. With this money, the management faced a tricky decision. Should they pay the staff that had volunteered for the fortnight prior, regardless of the fact that they had volunteered. Or should they keep the funding to pay for another two fortnights, thus keeping the hospital running for longer. They decided on the former, which was a brave and I believe good decision, paying the staff that had worked even though they had been working without the promise of being paid. This decision was not popular with the staff who decided not to work and caused

some heated discussion for a while. A bunch of nurses threatened to resign as they wanted to get paid for not working. A petition went around stating that those nursing staff who volunteered, and had been given the canteen allowances, should have to pay it back or all staff should get that same allowance. Regardless, despite the upset and vocal people, the choice was the right one. However, that 4 weeks is now over, and the fount is yet again dry. I am unsure what this week will bring. Will the hospital do the same thing again? There is a new strong voice suggesting that the hospital should shut. Shutting the hospital has happened before during times of tribal fighting, and this just means that more people have to roll the dice and seek treatment at Wabag, which is our major referral centre (where we try not to send anyone, as they nearly always end up in a worse state than before). Certainly, closing is not my preference.

On a positive note, if the hospital closes, I will be able to do more patrols to aid posts. It's hard to know what tomorrow holds. Funding could come at any time.

Wat can wash sin belong me  
Blud belong Jesis em tus all  
Wat can rusin sin belong me  
Blud belong Jesis em tas all  
Ooh Jesis die lo me  
On dewy calvary  
Wat can wash sin belong me  
Blud belong Jesis em tus all

What can wash away my sin  
Blood of Jesus, that is all.  
What can remove my sin  
Blood of Jesus, that is all  
Ooh Jesus died for me  
On wooden calvary  
What can wash away my sin  
Blood of Jesus, that is all.