Masta

Books: Throwin Way Leg
Far from the Madding Crowd

"Masta" in Pidgin can mean a lot of different things. It can mean your boss or supervisor. It is used with a lingering colonial taste to mean a white person. "taim bilong masta" refers to the time prior to PNG independence. It carries a sentiment of unequal authority and status. Therefore, in the highlands, it often is used interchangeably with "husband". The power imbalance between men and women in the highlands is substantial. We see the results of this imbalance every single day at the Hospital. Many of our patients are injured from domestic violence, and our family planning interventions are delayed until permission is gained from the "bellmumma's masta".

Domestic violence is extremely prevalent in Enga. The majority of the patients that are brought into Hospital and admitted to the surgical ward, have injuries caused by a bush knife. I am yet to meet a patient who does not know the assailant. 90% of these patients are women. The assailants are most often their "mastas". The injuries often results from very targeted blows, to the face and hands. Absurdly, the abusive "masta" specifically targets the nose, aiming to sever the nose of the poor women. Over the years Dr Mills has sown together multiple noses as a result of this violence. However, the attempted blow is frequently partially dodged or blocked, which results in wounds to the superior face, skull, and extensor surface of the forearm. The hands frequently have some sort of laceration and Dr Mills has become very familiar with the complicated network of tissue that makes the hands. He radically attempts to repair anything that is viable, a practice which is not always supported in other centres, who would rather look to formalise partial amputations. Instead of removing the hand that is being held on by a single thread, he will patiently attempt to fix all the minute muscles, tiny tendons and little ligaments. He has repaired hands where only the radial artery, a single tendon and some skin remained. However, these repaired hands rarely return to a functional state and can be cursed with neuropathies. This radical repair of the hand has lost some favour in the west, with even the top hand surgeons often having bad long-term functional outcomes and the use of prosthetic limbs is advancing rapidly. Dr Mills justifies the practice here since his patients would never get access to a prosthetic hand. If the worse comes to worse, amputation can be arranged at a later date if indicated. Aside from this, the wounds have a high risk of infection and secondary break down. All in all, hand injuries take up a significant part of our operating time and patients stay with us on the ward for a long time.

One of our current long-stay patients was attacked by her husband. She sustained a cut to her forehead, two cuts to her scalp with an accompanying scalp fracture, a deep shoulder laceration and bilateral hand lacerations. The back of her left hand sustained the largest injury, with fractures to 4 out of 5 metacarpals, rupture of multiple tendons and joint capsules. Basically, her hand was badly mashed. She had a careful repair, which partially got infected and broke down. With careful splinting of this hand, it is at least in a position of function, as we suspect that it will likely some-what fuse. If your hand is going to get stuck, you at least want it stuck in a position allowing it to be useful. Three weeks into her admission, a new carer came to look after her on the ward. Guess who - the husband who had inflicted the injuries. I had suspected that once this info had been leaked, rotten food would be flung about and he would be up for a lynching. But no one even

The victim and the assailant learning physiotherapy exercises for regaining hand function

flinched. It is as if nothing bad even happened between them. Eventually, he was entrusted to assist with physiotherapy of her hand to try and get back as much function as possible.

One woman came in with a laceration extending from above the right eye extending over the left eye down through and behind the left ear. Fortunately, it was caused by a long kitchen knife rather than a bush knife, as bush knifes are dirtier and often cause fractures as well. We had expected that this wound had been caused by her "masta", but eventually it came out that it was actually caused by one of the "masta's" other wives! Polygamy is a culturally strong practice and still common in some of the more remote areas. We closed the wound and she left the ward before formally discharged. The reason for the assault was discovered two weeks later when she returned and delivered a child. We had no idea she was pregnant, which had been the motivating factor for the other wife's assault. On top of her domestic issues and balancing a newborn, her facial wound had broken down and had become infected.

The most tragic domestic violence case that I have witnessed involved a lady in her early twenties who was violently assaulted by her "masta" in another province. She was treated initially in the highlands' major hospital, but once she was stable enough to travel, came to Kompiam to be closer to family. Her scars told a horrific story and her reasonable English assisted me in understanding her situation further. She had moved away, for marriage, to a province 5-6 hrs drive from Kompiam. She had been there for 2 years prior to being ruthlessly attacked. She had large scars from bush knife wounds to her bilateral thigh and lower leg, resulting in compound fractures of both bones of the lower leg. She cannot move her legs due to pain, fractures, contractures or tendon and ligamentous loss. She has lost her right thumb and forefinger, with only three fingers of her dominant hand left. The most debilitating injury is from a laceration through the inferior aspect for the forehead. This penetrated down through the bilateral orbits and severed her orbital nerve, making her blind. I struggle to comprehend how she actually survived all the injuries. She is quite well known to us, we know her by name and she knows the staff by voice.

Once whilst I was on call, the nursing staff asked me to assess a pregnant lady whom was bleeding in the second trimester. As I walked through the obstetric door, I saw the patient mentioned above, said hello and rushed off to find where this bleeding "bellmumma" was. The midwife quickly corrected me that she, the patient who had suffered terrible domestic violence, was the bleeding "bellmumma". I had no idea that she was pregnant. She had recently been in the hospital and would have had multiple x-rays and medicine without any knowledge of her pregnancy. She was having contractions and was bleeding, with the amount of blood impossible to quantify. I tried to guess the fetal age by dates of her last menstrual period and doing a rough ultrasound. Thinking that she was well outside our safe delivery range and baby doing fine, I just tried to stop her contractions and delay until more troops arrived in the morning. The next day the rest of the team also shared in my surprise of her pregnancy. More scans were done and we still had little idea of how far along the pregnancy was or why she was bleeding. We were concerned that she may have attempted to abort the child, a not uncommon scenario, although this was denied. It is hard to imagine delivering and bringing up a child in such difficult physical and social circumstances. When she went into labour a couple of nights later, one of the medical staff (who was more certainly more fearless than I) delivered a healthy 2kg baby girl! The baby showed some signs of prematurity with poor feeding, but she is progressing well.

This entrenched culture of the male master is not only limited to the uneducated patients however. The current Medical Superintendent is Dr Rebecca Williams. Originally from Port Morseby, she came to Kompiam as a Junior Doctor, and loved it so much she came back as a rural GP. Now six years on, she is running the Hospital, doing a fantastic job, displaying strong integrity and discipline. Throughout the

years she has had resistance from the community and the staff, not only limited to male staff, whom don't readily accept orders from a woman. She is not a naturally confrontative or outspoken person, dissimilar to the Engans, who are notorious for being aggressive orators, priding themselves on big talk. However, if any of these conflicts between the community or hospital staff are heated, it is only on one side. She is strong and has held her ground throughout the years. Dr Williams is the perfect person to run Kompiam District Hospital. Not because she is a woman and but because of her character. Through her, I hope that the culture of gender biases can be broken in the staff of Kompiam Hospital and the wider community.

The "Mastas" of the Hospital are still yet to meet the demands of the Christian Health Services and the Hospital remains in uncertain times. At the start of July, the lack of funding put us into a partial shutdown which lead to the discharge of as many patients as possible, and suspension of clinics and elective operations. We have been left with about 10 patients. Some are cancer patients who are palliated, some have lower limb injuries and can't walk, a few burns are patients and a couple of others. We are continuing our obstetric services, with the baby bundles tripling our birthing numbers. However, it has made for a slow clinical week. We have taken the opportunity to do some spring cleaning of difficult to reach places and have installed new equipment. Some more patrols are on the cards, but a recent increase in tribal fighting has made some of these trips more difficult.

Dr Williams leading the way for the cleaning

A notoriously long-serving missionary in the Gulf province of PNG, is Dr Grandma (I will put up a link to a documentary about her). Her daughter Valerie, who is also now a missionary in PNG, had a discussion with Dr Grandma regarding the funding issue and below is their conversation, transcribed

Valerie: Dr Grandma, are you aware that the CHS hospitals have not been paid their operating and salaries grants for more than 4 months and CHS has run out of money to cover?

Dr Grandma: That is terrible. How are you going to pay the staff?

Valerie: I think we will just have to try to scrape some money from somewhere and then share it around to keep us going. We will also give the staff the option to leave.

Dr Grandma: That is going to be difficult. Then what?

Valerie: CHS has tried everything they can to get the money, so now they are asking us to start cutting services to make the Government listen. Do you think we should cut services?

Dr Grandma: Well. As doctors our first responsibility should always be to our patients. I agree that you could cut some services, but you should only cut those services that do not affect your patients.

Valerie: This sounds good. But how can we cut anything without affecting our patients?

Dr Grandma: I suggest you don't fill in any forms.

Valerie: You mean like monthly reports?

Dr Grandma: Yes, and perhaps not attend meetings that they want you to attend.

Valerie: Like COVID meetings?

Dr Grandma: Yes. I am sure it won't hurt your patients, but it might make Government look bad.

Valerie: I think that is a good idea.

Dr Grandma: And don't forget to keep praying. God will show you what to do.

Haitim mi	Hide me
Long wing b'long yu	In wing belong you
Karamapim mi	Lift me
Long strongpela han blong you	In strong hand belong you
Taim solwara kirap	Time saltwater rise
Na klaut pairap	and clouds thunder
Bai yu holim mi	You will hold me
Long han b'ong yu	In hand belong you
God yu Bikpela*	God you big person*
Winim tait wara	When in flood water
Bai mi stap isi na save you God	I will be calm and know you are God

*equivalent to Lord

The view whilst cleaning the roof