



Ulcers in Papua New Guinea

A contemplation on fairness

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Illustration by Jim M'Guinness

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He was slightly smelly. Tottering towards me, his worn stick steadied his atrophic spindly legs. His toothless beaming mouth was accentuated by his beard. This beard, a rarity in the village, was a long, scraggly brown and gray affair with many kinks. He was most proud of it, and it was a constant source of entertainment for him and a consistent source of fear for the small children he chased with it. Screaming with delight and semi-horror, they would dash away, bare feet pattering, their dingy, holey clothes flapping behind them as the adults laughed merrily.

“Ivau is here,” the seven-year-old messenger had announced a half hour earlier. The small boy had stood quietly until we noticed him at the top of the long stairway leading up to our house,

which towered on fourteen-foot stilts—an attempt at maximizing tropical wind flow into the house and minimizing invading snakes. I stifled a sigh. Standing at the sink washing the dishes in rainwater, I was weary. Grief still hung over us, and yet there were needs to be met. Endlessly. Compassion was hard to resurrect when pain still ran so deep.

Ivau had been in my life as long as I’d had memory. My parents, American linguists and missionaries, arrived in Tiap Village with a very small me in tow in the 1980s. Living in the deep, thick, remote rainforest of Papua New Guinea, the Aruamu were isolated from the outside world, but quickly became our family. When childless Ivau laid eyes on my parents, he announced to the village that my mother would be his daughter. This pronouncement automatically placed my father in the other clan, because the Aruamu avoid consanguinity. Thus, I became the first grandchild.

He was the village hypochondriac. In such a remote rainforest location having a myriad of terrible illnesses, Ivau’s real and imagined health difficulties often



brought him to our house. He lived down the hill, alone, in a small shack. Somehow, he was taken care of, more or less—the Aruamus do not let anyone utterly starve, even if rain does not fall on the gardens and food is scarce at times. Ivau lacked the closeness of a family unit since his wife had died and, especially as he continued to age, his ailments became a way for a lonely man to milk attention. My mother—as a daughter should be—was dutifully compassionate and sympathetic. He was entertaining and we all loved him.

A quintessential Ivau incident occurred one afternoon when a group of men and women sat in a circle at our house to work on literacy and scripture checking in Aruamu. Ivau was mentally sharp and being involved with the





Literacy Committee was a source of pride for him. This day, however, went down in our family lore. Ivau had managed to zip a part of his scrotum in his worn pants. He evidently failed to notice it, but my father found the obvious loop of skin quite distracting as the group delved into the Aruamu Bible.

Dad always had a special relationship with Ivau. Both knew how to ham it up and get under each others' skins. For reasons of propriety and to avoid sexual innuendo, Aruamus never say the name of an in-law. The friendship between my father and Ivau, however, was a joking relationship. Dad often called Ivau by his name, which almost always elicited laughter from everyone. Either that, or he would call him "Tambu"—"In-Law"—and Ivau would actually answer to this, contrary to usual custom. Sometimes throwing cultural boundaries aside is appropriate for forging deep friendships.

Since my recent return to the village Ivau had been refusing to bathe. No one was truly responsible for him since he had no family. Despite regularly hobbling all over the village he refused to go to the river to cleanse himself. The good village women—including my aunt Watarak—did their best to intervene. They offered to carry buckets of water up the mountain for him to use. He refused. Like a stubborn little boy who relished his own sticky dirt, he simply



was not in the mood to wash.

News of his more pressing problem, however, had reached 10,000 miles around the globe several months previously. I read the e-mail from my mother in my college dorm room in Arkansas. Ivau had fallen asleep while lying beside the fire in his little shack. What happened next is common in the developing world, but its effects are no less horrific even if they are ubiquitous. Ivau woke with large burns on his leg from rolling into the fire. My mother tried to help with bandages, pain medication, and some doxycycline she had on hand. Antibiotics are over the counter in Papua New Guinea, but would have been unaffordable for Ivau. Sensitivities to bacteria were not something one could test in the village, and Mom did her best.

Just days later, my forty-nine-year-old father dropped dead in New Guinea. I received the wrenching early morning phone call from across the ocean. The horrors of lack of vaccination and easily treatable diseases claimed many in the village. Death sometimes seemed merely a part of life. We'd seen and experienced hard, difficult things. One might've said it was a matter of time until we were touched, too. Death at such a personal level still felt so unfair. I'd broken out of the cultural fatalism and embraced idealism in my premedical studies in the United States, but this

blow of reality was crushing.

I withdrew from school, put my wedding and my hopes for medical school on hold, and traveled back to New Guinea with my brother, sister, and mother after the funeral. There was no way the work among the Aruamu, set to be completed in six months, could be finished well unless my family had assistance. Mom, a highly effective linguist, was understandably crushed by the sudden death, and my younger siblings desperately needed stability. So we did our best to band together, despite the overwhelming desire to remain in fetal positions.

That was how I found myself not in physics class or studying for the MCAT but in Tiap Village that spring morning, with Ivau waiting. I had numerous other things to do that day, but Ivau needed help. His four-month-old burn was still very ugly. There was no early excision and grafting to be found in the jungle. My sister Brigette and I selected the supplies we needed to do the best we could. When we met Ivau under Watarak's house next door, however, we drew the line at his odor. We refused to dress the wound unless he agreed to wash with a bar of soap we provided. After much coercion, and not a little teasing, he reluctantly took the soap and washed himself under the rainwater tank. Then his dutiful granddaughters dressed his oozing wound yet again. In his typical joking fashion he asked us where our medical degrees were that allowed us to treat him.

There was something therapeutic about caring for wounds in the village. It was peaceful and it gave us time with our friends. Brigette and I and our brother Bobby had been doing this for years. Growing up, there were so many needs that our parents harnessed all of us to care for those around us. Many afternoons after school, beginning when we were in grade school, were spent caring for tropical ulcers. Some people take ballet in elementary school—we fixed ulcers. Villagers of all ages would walk up with open sores, sometimes bandaged with a bit of hibiscus leaf or dirty

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The daughter of missionaries, I grew up in Papua New Guinea. After obtaining my undergraduate degree at Harding University, I worked for one year in clinical research at Texas Scottish Rite Hospital for Children. I attended medical school at the University of Texas Medical Branch in Galveston, where I was an Osler Student Scholar, a Gold Humanism Society member, and a Finalist for the Gold-Headed Cane award. I am thrilled to be starting residency in Internal Medicine-Pediatrics at the University of Cincinnati. I am married to my high school sweetheart, an orthopedics resident, and we both share the goal of working long-term in global health. My hobbies include drinking tea from around the world, playing with my two parrots, reading, traveling, and spending time with my family, who are often scattered around the globe.



cloth. These ulcers were, in fact, how I knew vaguely that HIV had invaded our island—our parents suddenly made us wear gloves sometime in the early- to mid-1990s. I didn't understand what HIV was at that point, but I remember feeling frustrated with the barrier I felt the gloves put between my friends and me. I felt rude putting on gloves to touch them, but I obeyed; my parents seemed very serious about the issue.

We spent hours with cotton balls, bleach, vats of hot water, disinfectant, antibiotic powder—all low cost ways of dealing with the wounds. It was something tangible we could do to love our friends. With the ever present flies, infections ran rampant. Some lasted for years. My friend Gumi had numerous ulcers on her legs and feet for most of our childhood. They never healed, no



matter what we did. In that jungle, you sure need your feet. I did not know enough of medicine to consider yaws or mycobacteria as etiologies for the cavernous, hideous openings that exposed my friends' flesh like hamburger meat. We did the best with what we had and with what we knew.

During those years, growing up so closely intertwined with the village as we did, we didn't see much of a difference between our Aruamu friends and ourselves. We barely noticed the skin color difference. Who cared? What was a difference in melanin among friends, family? As the years progressed though, differences arose—it became apparent that life was not the same for my Aruamu friends as it was for my family. From the start, we had more access to medical care. This was when I first deeply grasped the concept of disparity, if not the word itself.

My father was exceedingly careful in his insistence on two things. We must wear sunscreen, due to our light skin—my brother and I were blond, my sister a redhead. His voice would echo across the palm trees, "Did you remember sunscreen?" as we tried to escape into the bush with our friends. It was a family joke, with a serious twist. His second rule was equally inflexible: any sort of

cut we received must be taken care of immediately. Infection was not permissible. I'll never forget that difference between the Aruamus and my family—scars from large ulcers did not mar our bodies. I remember in college, walking into my microbiology incubator and thinking it felt just like Tiap Village—any wound allowed to go untreated even a few hours ended up infected. Tiap Village was one of the only places on earth that I think truly warranted showering with antibacterial soap. But this was a place where soap was quite rare; we used to give bars of soap out for Christmas presents.

We did get many of the illnesses our friends had—all of us had malaria multiple times. Brigitte and Bobby both survived the cerebral form, somehow. Even so, there was still a crucial difference between us and our friends. While by American standards we were not rich, we still had numerous resources at our disposal. Although my sister and brother could have died from malaria, they didn't. I received major spinal fusion surgery for scoliosis in Dallas at age fourteen. My mom received her hypertension medications. When she needed it, she had Mohs surgery complete with a 3.5 centimeter exquisitely stitched incision on her forehead for squamous cell

carcinoma, as well as topical chemotherapy. We had far more access than our friends did, even at our remote location. We could leave for help if necessary. While my father did die in New Guinea, and lacked the adequate access to care that might have saved him, medical help was also almost never available to our Aruamu friends. Life expectancy for the Aruamus is in the forties; Dad died at a comparable age.

In the grand scheme of things life is not fair. It was largely this realization of the horrors of the health disparity between the first and third worlds that compelled me to pursue medicine. In my career goals, I want to fix the world, somehow. The ideas of fairness and shalom are quite lofty concepts. How hard it can be to put feet on such dreams.

And yet, during those long afternoons sitting under bamboo and jungle-wood houses in the foothills of Papua New Guinea's northern coast, the wind rustling through the palm trees, we could tangibly make life a little more fair, even as we laughed and told stories and cleaned sores. Ulcers aren't fair. Neither are burns and not having medicine, vaccines, food, or education. Neither is a father dying at forty-nine.

That day with Ivau, I couldn't make the world right, bring back my dad, or cure the village from all its ailments. But I could clean Ivau's sore. And that, I think, made the world a little less unfair. All those endless afternoons spent cleaning ulcers could be viewed as a waste. After all, ulceration would recur after the next cut or bump in the hard life the Aruamus live in the rainforest. To me, however, it wasn't a waste. I have never regretted those hours. It was a way to connect, to show care. At its deepest level, cleaning ulcers was, for my brother and sister and I, a connection between friends who may look different, but are not. And that heals more than just ulcers.

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