

Student Elective Grant

REPORT

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Destination: **Palawan, Philippines**

Supervisor: Dr Editha Canete-Miguel

The amazing journey through the remote and rural villages of Palawan was an unforgettable one. From the city of Puerto Princesa, to the fishing town of Barangay Mangingisda, to the mountainous region of Barangay Amas and to the mountaintops of Sitia Malia, Agape Rural (Health) Program (ARP) runs holistic health programs in rural and remote areas of Philippines. Palawan was the ultimate holistic medical experience as the patient's *health* as a *whole* was of top priority - physically, mentally, emotionally, culturally, spiritually and socially.

My elective was one of the most exciting, life-changing and memorable experiences I have ever experienced.

Let me bring you on my journey. I had started planning for my 6th year elective with two other friends in December 2007, about 12 months before our elective date. I had plans of going to a developing country with a Christian mission organisation. We were initially accepted into Duncan Hospital, a Christian missionary hospital in rural Bihar, north India. I was very excited and had planned what to pack throughout the year. However, on the day before I was leaving for overseas, we were notified by the Faculty of Medicine and Dentistry that our elective to rural India had been revoked because of the Mumbai bombing attacks. I was truly devastated. We had taken so long to plan this elective only to have my dreams of going to rural India quashed at the very last moment.

Nevertheless, with great difficulty, we quickly scrambled to organise another meaningful elective within a week, something I saw as a formidable task, especially as I was going to be overseas. There were a few options. I tried to call a few friends in China to see whether they would accept me. Unfortunately, they could not. I also called up my uncle in Malaysia who gladly said that he would take me in, however it would be solely hospital-based work. Another option was to join a two of my friends who were going to the Philippines, however we were unsure whether we could be taken in at such late notice.

After two weeks of correspondence and awaiting their reply, thankfully, through God's Grace, we were finally

accepted into the Philippines! So I began my elective on 8 January 2009 in the island of Palawan, Philippines, with four other UWA medical students. Our elective was situated in many parts of the island of Palawan. We were taken under the care of Dr Editha Canete-Miguel (also known as Dr Ding) and her organisation, Agape Rural (Health) Program (ARP). ARP is a community based development program that seeks to help needy and underserved Filipinos improve their quality of life through holistic health services which are anchored on the socio-economic and spiritual upliftment. Their mission is to help uplift the health conditions of the needy and underserved areas by enabling volunteers to implement a holistic program which caters for both physical and spiritual healing.

As I had been accepted into this elective at the last moment I did not really prepare for this elective and did not have any expectations. However, this elective far surpassed all my wildest expectations and dreams and has been such a wonderful experience that I want to tell many more people about it!



When we arrived in Puerto Princesa, Palawan, I really did not have any expectations of the elective. The airport terminal we arrived in simply looked like a shed and our main form of transport was via tricycles and jeepneys. The culture was very different and the food was all very sweet in nature.

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In the first week of our elective we stayed in Dr Miguel's house in Sicsican, Puerto Princesa, where we were equipped with a course to help discover our servant profiles to better see how we can impact other people's lives. I found out that I had the ministry gifts of encouragement, mercy, creative communication and had a passion for the poor, needy and the sick.

In the second week, we had the opportunity to have our first taste of tropical medicine in both Savers Clinic and PPMDOTS Clinic which was situated in Puerto Princesa, Palawan, Philippines. We saw patients on our own before presenting them to Dr Miguel. While language was a problem and we had to use interpreters for non-English speaking patients, we were able to learn about the common presenting problems and diseases which affected the patients in Puerto Princesa.

We were also trained in Mycobacterium Tuberculosis (TB) sputum collection, staining and microscopic identification. I was also given the opportunity to do a Mantoux test. **We also had the privilege of doing a home visit of patients who were currently undergoing treatment for their TB. It was during this time that we were able to see a glimpse of the poor conditions that some of the people in Palawan live under, and how TB impacted their lives, family and community. We had the opportunity to educate the patient about TB and how to avoid spreading TB.**

A personal highlight for me this week was staying two days in Barangay Mangingisda, a remote village on an island just off Palawan. As we took our little boat across the choppy waters, I knew it would be our first of many ventures into unknown territory. We had our first taste of life in a remote community which had extremely limited medical services. There was only one health centre and a satellite clinic from Puerto Princesa – both had no permanent doctors.



When we arrived we were the only "doctors" there! Because there are only visiting doctors to Barangay Mangingisda, patients flocked to the clinic when they heard a free medical clinic was available. On the first day we saw about 20 patients at the health centre and had to diagnose and manage them independently as there was no doctor. On the second day we saw about 50 patients at the satellite clinic in one afternoon, diagnosing and managing them on our own (including taking blood samples for malaria and giving appropriate medicines that we had brought along), and our management was then checked with one of the visiting doctors.



The MIGA Medical Support Grant I received was used to buy medicines for remote communities such as these. Finally, we also learnt how to make Acapulco ointment and Acapulco soap (herbal medicine used to treat fungal skin infections), cogun paper (paper made out of cogun grass), how to identify malaria under the microscope and also learnt about the history of malaria control in Barangay Mangingisda.

I found it humbling to see that many people were so happy and content with very few material possessions in this remote village, and it was amazing to hear how patients had travelled many hours just to be seen in the free medical clinics. It was also very sad to hear that if we did not have the medicine to give them and they had to buy it themselves, because many of them were so poor, most were unable to afford their own medicine and hence had to either live with their very easily treatable infection until it healed on its own, or had to cope with their very treatable condition for their lifetime, or maybe even die as a result of their untreated illnesses.

In our third week of our elective we stayed in Puerto Princesa where we were yet again equipped with more knowledge. Here we learnt about the Community Based Health Program (CBHP). CBHP training was a

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really important tool for us to learn and enabled us to later see the effectiveness with which health programs can run. ARP incorporates CBHP into its programs and it is a very effective approach for wider scale and coverage of the general health services. It is effective for developing specific strategies to address health and developmental concerns and ensuring program sustainability. Importantly, it allows for connections for sustainable working relationships between various sectors from both government and private groups.

This week allowed me to think whether this program could be implemented in Australia with the Indigenous peoples. It certainly is an effective means of communication, development, organization and planning of a health program for those who live in the community. I believe that we are very privileged to learn this course on how to be an effective communicator with those of different cultures and different backgrounds, to learn how to build a health program from the beginning, and understand what is needed to build it up. Perhaps one day certain parts of CBHP could be implemented in Australia's remote communities.

Week four was one of the most exciting, joyful, tiring, overwhelming and life-changing experiences I can truly say has ever happened to me in the short life I've lived so far. This week was spent in Barangay Amas and Sitia Malia, a small remote village located in a mountainous region about 500 feet above sea level. In order to get there we had to drive on an extremely bumpy dirt rock road for around 5 hours from Puerto Princesa to Brooke's Point in order to reach the foothills of the mountainous region. Orientation to Barangay Amas and Sitia Malia was interesting as we learnt about the work of ARP in this region and how they had been able to implement programs that sustained and improved progress in terms of health (such as malaria, TB, malnutrition and water-borne diseases), sanitation, literacy, livelihood and, importantly, water supply. Our first medical mission in this area was to do a children's nutrition and feeding program in Sitia Malia.

In order to reach this remote village which was located at the top of Mount Sambilagaw we had to hike and climb the mountain, literally. We started hiking at 5.30am in the morning in order to avoid the midday heat. There were 10 people who went on the hike - 1 local tribesman from Sitia Malia (who acted as our guide up the mountain), 5 UWA medical students, 3 local Filipino ladies (1 nurse, 2 teachers) who were training with ARP and 1 local Filipino ARP volunteer (who stayed at the back to make sure none of us were left behind!).

We had heard many horror stories of the hike to Malia, how tough the climb was and how steep it was. Most groups who went before us have taken anywhere between 3 - 6 hours to hike the

mountain. While we were already told how difficult the climb would be, I don't think anyone really prepared us for how tough the climb really was! The steep 70 degree incline met us only about 5 minutes into our hike! The ground was a hard, rocky, slippery brown clay, and there were some slight indents in the ground where people had previously trekked before us and which represented our steps. At many other times there were no indented steps and we had to slide on our backsides, crawl, or grasp the mountain with bare hands in order to pull ourselves up the mountain and to avoid slipping back down. Half an hour into our hike with sweat pouring, heart pounding, and lungs screaming, the backpacks we had previously boasted were very light became very heavy burdens, and heavier with each step we took.



Nevertheless, the mountain climb was very well worth it! I not only found myself enjoying the beautiful views that Palawan had to offer from the mountain hike, I began to find the hike fun and it caused me to look forward to what lay at the top the mountain. The experience we had in Sitia Malia was unbelievably amazing and definitely worth the mountain climb. When we finally arrived at Sitia Malia and met the Palaw'an people, it was such a different environment to any I have visited before. It was so remote that they still had no electricity and only had one communal tap for their water supply which ran from a lake on the mountain. This water supply was only put in place two

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years ago by ARP. I can't even imagine what life would be like without running water!

There are 33 families in Malia with about 5 people per family and many of the mothers are teenagers. We only saw about 10 families in Malia, but of note, the children, oh the children! They would play together next to the humble huts made of bamboo and dried leaves, and they looked ever so content. I watched them play the same game, again and again, and it amazed me that they were so happy amongst themselves, although they had so little. I saw one little boy, so poor he didn't even have any pants, play with a bamboo stick for many hours. They would jump along the dirt floor, or even just stand around. Needless to say, the view on a mountaintop is something so surreal that one can just sit, watch, wonder and reflect upon its beauty.



When we arrived we set up the feeding program for the malnourished children. Here we taught the adults how to prepare and cook nutritious food. We then handed out all the food so that the children could eat and, gratefully, we had enough food for the parents as well. We also sang songs with them, had the community involved in playing games and dancing, and gave out presents to the children.

After lunch until dark we ran a free medical clinic for the children, and then the adults. We saw many cases including malaria, tuberculosis, chronic suppurative otitis media, depression, upper and lower respiratory

tract infections, muscle aches, coughs and colds, malnutrition, skin infections and worms. This time, unlike previously, we were left to diagnose and manage these patients completely on our own as there were no doctors in such a remote place as Sitia Malia on top of Mount Sambilagaw.

Because there was no electricity we ate dinner by candlelight. Later we slept on the bamboo floor of the hut, which was actually a lot more comfortable than the concrete floor we slept on in Barangay Mangingisda.

Of notable interest the ARP volunteer who hiked up the mountain with us told us of the sad plans that several mining companies wanted for Mount Sambilagaw. Because the mountain was rich in minerals, many mining companies wanted to mine the land. However, they did not consider the Palaw'an families who have lived their entire lives on this mountain and called it their home, and the natural habitat that they would destroy if mining ever did happen. ARP and other non-government organisations aim to protect this beautiful, natural mountain the best way they can; we can only pray that the natural habitat will remain untouched. I would actually climb Mount Sambilagaw again just to experience Malia one more time, to see the children, to care for the families, to run free programs and medical clinics, and to love them all, just one more time.

When we descended the mountain we did a few home visits on malnourished children and ran more free medical clinics at the health centre in Barangay Amas. It was so interesting to see many of the people we had seen the day before in Sitia Malia here in Barangay Amas! They had climbed down the mountain in order to come to the free medical clinics that ARP was holding. These people were so desperate for health services as they were lacking greatly.

Two cases stand out from the home visits and free medical clinics we ran in Barangay Amas. The first is of a little baby girl, Carla, who was one of the malnourished children we home visited. Her family lived in a bamboo hut with a dried leaves thatched roof and no door. The baby was 3 months old and was extremely dehydrated, wasted, limp, had poor development and did not look like she had grown much since birth. Her 16 year old mother was mentally disturbed and as a result did not breast feed her child. The child's grandmother was the sole carer and relied on milk powder to feed the baby. However, because they were so poor, they did not have the money to buy regular milk powder or nappies for the baby, and during these times the baby received water as its only source of nutrition. This really broke my heart, and we all cried out for this beautiful baby girl. It saddened me that while there is so much wealth in certain parts of the

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world, like Australia, there was yet so much poverty in even more parts of the world and so much work needs to be done to close the gap.

The second case is of a 6 year old boy, Rohan, who had climbed down the mountain from Sitia Malia to the health clinic in Barangay Amas. He looked small for his age, tired, short of breath, sweaty and unwell. On auscultation of his praecordium he had a harsh pansystolic murmur heard loudest 2cm of his lower left lateral border of sternum. Although I am unsure, he probably had a VSD. I was very sad as I knew it would be virtually impossible for this young boy to have surgery as the mother simply could not afford it. This case really broke my heart because it was unbearable to know that this child would never be able to be treated, and hence have a decreased quality of life and lifespan, and it was a real contrast to people in first world countries who may even get free treatment for cases such as these.

Barangay Amas and Sitia Malia were remarkable experiences which inspired, provoked, convicted, challenged and changed me. It is an experience I will never forget.

Week five was spent back in Puerto Princesa, in the Palawan Provincial Hospital (*Ospital ng Palawan*). It is the only 2nd level and end-referral government hospital in this province with a 130 bed capacity. Even though there are obvious financial constraints, the hospital manages seven main departments - Emergency Department, Operating Theatre and Delivery Room, Paediatric Department (including Neonatal Intensive Care Unit and Sick Neonate Ward), Medical Ward, Obstetrics-Gynaecology Ward, Surgical-Orthopaedic Ward and Out-Patient Department. Due to time constraints we were only able to spend one day of the week in each department. Regardless of these limitations, there was much to learn and experience from the hospital, both medically and technically.

In the Emergency Department, we practiced our history taking, diagnostic and management skills on common acute medical and surgical problems. It was also interesting to see how the hospital was run in the Philippines. Patients would present to the Emergency Department, be seen by a doctor, and then either be sent home or referred to other departments in the hospital. This is similar in Australia. However, **at all**

times, the treatment of the patient depended on whether the patient could afford to pay.

One example is that of a simple case of minor surgery that was needed to be done. The patient came into hospital, was told by the doctor what medical supplies he needed for the minor surgery, and then the patient himself had to purchase his own gloves, sutures, bandages and medicine at the pharmacy. The patient would then bring these medical supplies he bought himself back to the hospital and let the doctor or nurse stitch the wound. I found this slightly strange at first, but due to the lack of medical supplies at the hospital it was understandable why this was needed to be done. However, it was very disheartening when the patient was unable to afford even something as simple as a pair of gloves for their own treatment.



Paediatrics and Medical Department had many of the usual cases we would see in Australia, such as UTI, etc. However, many times we would encounter rare and exotic medical conditions such as Pott's disease, malaria and Steven-Johnson Syndrome, just to name a few.

In O&G and Surgical Departments I was fortunate enough to assist in a few surgeries and deliver a few babies. The way that deliveries are done in Philippines was very frightening to me, and very different to that in Australia. Here in the Philippines, letting the woman labour in a room full of other labouring women until they are *just* about to deliver, then letting them walk to the delivery room while they are 10cm dilated (there is only one delivery room in the whole hospital), then lying the woman flat, giving repeated suprapubic pressure (and a lot of it too!), episiotomies and finally yanking the baby out as soon as the head is delivered and before the anterior shoulder is out, *is the norm*, and I greatly respect the women who are able to deliver babies here in Palawan.

It was very interesting to see tropical medicine in the hospitals. What was so different to the hospital medicine here in Palawan as compared to Australia was the way things were run (it is slightly less efficient in Palawan), and how basic the facilities were. The wards are overcrowded, patients line the corridors, medical supplies are few, IV drips are either held up by hand or stuck onto the wall, and the cases are rare and interesting.

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In the sixth and final week of our elective we went to Roxas, a remote village with a few remaining Batak tribesmen. The Batak tribe is one of about 70 indigenous peoples of the Philippines located in the northeastern portions of Palawan. There are only about 500 Batak remaining, and are almost an extinct tribe. The average lifespan of the Batak people was 21.8 years, with 50% of infants dying by the age of 1.5 years. Malaria, TB, coughs and colds, leprosy and other diseases were rife. Now, with adequate healthcare and help from Dr Miguel, ARP, and an amazing American missionary, Scott Taylor, the Batak tribe are thriving more.

In Roxas we ran a free medical clinic and saw practically the whole tribe that had come to visit. We had the help of Dr Miguel who was able to see over 15 patients each hour, quite amazing. I saw and managed two interesting cases this day - leprosy and a gingival tumour.

The last week of the elective wrapped up our entire elective into one of accomplishment, challenge, peace, reflection and hope for the future. In fact, the whole six week period has been such a life-changing, memorable and unbelievable surreal experience for me. I really thank God for the time we have had in Palawan, and for the transformation, knowledge, challenges and accomplishments we have been able to achieve.

**Palawan: An experience
I will remember for my lifetime.**

By: **Priscilla Tan**



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