"Only when we were leaving did we realize that there is only so much we can do."

From sharing medical resources to looking after local residents, Lin Y-ching, a family doctor from Changhua Christian Hospital, finally felt the pinch. He wished he could stay in Papua New Guinea longer to help more people.

In midsummer, 2006, a Mobile Medical Mission (MMM) organized in cooperation with this hospital in central Taiwan answered the call of the Department of Health (DOH) and the International Cooperation and Development Fund (TaiwanICDF) and took off for the South Pacific island nation of Papua New Guinea for a ten-day medical services trip.

Before the journey, the team members were informed that malaria was endemic in the region. Therefore, to ensure that their mission was accomplished successfully, they made necessary preparations such as taking anti-malaria prophylactics and packing insect repellent before they left.

The working conditions were tough, and it was common for the mission members to miss meals because they were too busy. Lin said that they often forgot to eat before taking medicine, and became nauseous as a consequence. They continued to take the malaria medication for a month after they returned to Taiwan, and their discomfort during this period was an unforgettable experience.

However, compared to the suffering of the people in Papua New Guinea, Lin declared: "It is nothing!" In this country, the average annual income is US$888, and dengue fever and malaria are as common as flu. There are also greater threats such as AIDS, typhoid fever, and hepatitis A.

But the people in Papua New Guinea seemed unconcerned. "We should be able to live long since we have survived malaria," they said lightlyheartedly to the doctors and nurses of the mission. There may be some truth in this statement, but in the eyes of the doctors, such high infection rates were still unimaginable.

In one bed was a youth of 16 or 17, who was suffering from epilepsy caused by encephalitis, itself triggered by malaria. His limbs stiff, he was paralyzed except for the
seizures he had in bed. The doctors could only do so much for him, and his family was nowhere to be found. Such lonely suffering was hard to watch. But this was not an isolated case. Crude, harsh lifestyles, poor health education, and less-than-perfect disease control result in high rates of malaria and attendant complications. The MMM found that there were widespread cases of typhoid fever, some of which involved mosquito larvae growing inside patients’ ears.

Adding to the difficulties, mosquitoes in New Guinea have developed high levels of resistance to anti-malarial drugs. People have taken medicines of all kinds and, over time, the prophylactic effects have waned; in fact, the overuse of medicines has become one of the main causes of the epidemic.

As well as trying its best to treat the patients, the MMM provided technology and information, aimed at laying a foundation for improvements to the medical system in Papua New Guinea. "After I worked in Papua New Guinea, I began to feel the tremendous responsibility of being a doctor, which changed my attitude — I became willing to get closer to my patients and help them get healthy," said T.L. It was a sentiment shared by all the members of the team.

There was one thing that touched them most. Every day, after their shift ended and they were on their way back to their accommodation, there was always a large number of children pounding on the door of their car and motorists for them to stop. These children brought them lots of coconut juice to thank them. "Though the gifts were not of any substantial value, the sincerity of these children deeply touched the members of the team.

To the medical team, Papua New Guinea initially seemed a nation out of reach, but the people’s genuine desire for medical relief, and their spirit of goodwill, brought the doctors and nurses from Taiwan so much closer to them. Their hearts are no longer strangers to this struggling island nation."