

counterparts : Papua New Guinea

Erick Mange describes his home, and his experience on CMF's Developing Health Course



Greetings to you all in the name of our Lord and Saviour Jesus Christ, and 'the love of God and the fellowship of the Holy Spirit be with you all.' (2 Corinthians 13:14)

I am from a small town called Ialibu in the Southern Highlands Province of Papua New Guinea (PNG). I have just completed my two years of residency training after five years of medical studies at the University of Papua New Guinea School of Medicine and Health Sciences at Port Moresby.

I was so delighted to have travelled to the United Kingdom (UK), especially to London to attend the Developing Health Course (DHC) at the London School of Theology from 8–20 July this year. I had travelled right across Asia and Europe which was so tiring but worth it. My sincere gratitude and appreciation to the Christian Medical and Dental Fellowship in Australia (CMDFA) through HealthServe for being my prime sponsor to attend the course.

I was raised in a Christian Catholic family and was observant and faithful to the Catholic faith. However, I did not well understand my need for

Jesus Christ until I was old enough to think for myself at the age of 13, when I accepted Christ as my Lord and Saviour during a youth camp. Since then, I never regretted the decision because I have seen the goodness of Christ in my life, not because of my success in becoming a doctor, but because of the victory I have in Christ Jesus as my strength in my infirmities and calamities.

I became involved in the International Christian Medical and Dental Association (ICMDA) in 2014 when I was a fourth year student. We help Christian medical students at the campus to realise the opportunity that we have as healthcare professionals, dealing with people's lives in a different way that encompasses their physical, emotional and spiritual well-being (whole-person medicine). However, I must say that there are seemingly vast challenges before me. Our desires for the world seem to be more than desiring to know God and establishing an intimate relationship with him. Hence my prayer daily is to grow less in my lustful desires and more into my relationship with God and what he wants me to do with my life.

Attending DHC was something I never thought



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PNG is very diverse in culture and tradition, with more than 800 different languages. Located just north of Australia, it shares a land border with Irian Jaya (also known as Papua or West Papua), the eastern part of Indonesia. It is a tropical country with vast diverse biodiversity and unique customs intertwined with the environment.

Medicine was previously based on various local belief systems. The cause of disease was attributed to curses, spells and or wrongdoings, including negative emotions as well as breaches of traditional laws. There was little or no knowledge about micro-organisms.

Traditional medicinal healers knew the varieties of herbs used for different diseases, and focused on spirits and supernatural things which were specifically attributed to cause of the disease. Knowledge of traditional medicine is passed on from generation to generation through practical acquisition and verbal explanation.

In herbal medicine, those renowned traditional healers selected the particular herb based on history taking and then prepared a broth or mixture for the patient to drink or apply on wounds. They often chanted whilst or after preparing the mixture prior to the patient taking/applying it. Sometimes they use typical garden foods as medicine but prepare it differently with chanted words.

Other traditional healing methods include pig killings in a sacred place associated with identifying the cause, eating cooked pig blood mixed with herbs, and using a spear to project through the roof of a grass house usually at night and then doing troubleshooting by asking nature to lift the spear if the cause of the disease is mentioned. These practices are mostly seen in the highlands region where I originate.

Practices in coastal areas encompass similar though more diverse beliefs, including rituals such as *wudu* practices. They depend mostly on the sea for medicines, as well as power to cure diseases. Even today, the practice is renowned and people resort to it as part of primary care prior to seeking medical assistance.

During my residency in Port Moresby, I have seen evidence of sorcery or *wudu* practice, not only in primary care, but also when patients in hospital do not improve as expected. Payment to traditional healers used to be in valuable items but nowadays, huge sums of money prior are given prior to them receiving the their treatment. Herbal practices remain are widely accepted in PNG whereas the rituals practiced in the highlands are now becoming less important and uncommon. ■

about, until Ben Reardon (the ICMDA Oceania student representative) for informed me of the course, and Professor Bill William Hague helped facilitate financial support. I met not only British nationals but people from Africa, Asia and Europe who share the passion of serving God as missionaries. The engagement during the meals, the discussions during the workshops and sessions, and the devotions were magnificent and superb. I learned about preparations needed when

considering a short or long-term mission, challenges and difficulties faced encountered by the missionaries depending on the cultural context, and the need for discipleship.

Attending the DHC has changed my perception of mission in a positive way and I am really challenged by this question 'Am I willing to become a missionary doctor?' This would mean that I must die to myself (sin) and live in Christ to do his work as he has commissioned us to do. ■