

## • The doctor on a mission

DR CHUA YANG, 42, *obstetrician and gynaecologist*

**I**n Ladakh, a 19-year-old mother of four children travels a full day to a temporary medical camp in town to find a way to stop getting pregnant. Her husband disapproves, so she's making the trip without his knowledge. In Niger, Africa, a young woman in labour lies bleeding on a hospital bed – her baby has just died inside her.

These are the tricky, tragic situations that Dr Chua faces whenever she leaves the comfort of her solo practice, A Clinic for Women in Upper Bukit Timah, on medical missions to developing countries. But it is also what keeps her going back. She reveals: "It breaks my heart to see the pain and suffering that these women go through. Especially when perinatal (the period immediately surrounding birth) or infant deaths are preventable."

So every year, Dr Chua spends at least 10 days on self-funded medical missions to far-flung places like Ladakh, Niger, and Bangalore. These trips are coordinated with like-minded volunteers from the Singapore Medical Association and the Singapore Dental Association.

During these trips, she does her best to provide obstetrics and gynaecological care to women in the worst of conditions. "In Deupur, a remote village in Nepal, we set up a medical camp in a school compound and laid out sleeping bags at night. We had to create a makeshift shower room with strings and plastic sheets. The toilet was a hut with a primitive built-up hole in the ground – we were thankful for the flickering light bulb because it meant we wouldn't see what was in the hole!" she laughs.

But these are conditions that Dr Chua can easily get used to. What she finds more trying is the lack of medical resources. She explains: "We can pack up to 700kg of medical equipment – like an ultrasound scan – and medication like antibiotics all the way from Singapore."

There are other challenges too. She has to stay sensitive to local cultural practices while educating women about contraception and sexually transmitted diseases. "Usually, I work with a local midwife or doctor so the advice we dole out is culturally acceptable."

Dr Chua and the team always strive to leave something good behind on each trip. So in between seeing patients, Dr Chua gathers the local women and speaks to them about health, hygiene and infant care. "When we talk to them about health care, we leave them with better skills to cope."

Dr Chua is currently planning her next medical mission to Ladakh in 2011, her third since 2009. She knows follow-up visits are crucial before any long-term change can take place so she's chosen to focus on this high-altitude region in northern India. She explains: "I found out during the 2009 trip that the rate of cervical cancer is relatively high there. So this year, I focused on screening for cervical cancer and pre-malignant diseases. We brought a colposcopy machine when we went this July and screened about 200 women. True enough, as many as 25 per cent of the women had cervical pre-cancer and we could treat them immediately."

Next year, Dr Chua will continue with the screening in Ladakh. She also has plans to address the high perinatal and infant mortality rate by collecting more data. "I'm also looking for tie-ups with organisations who can issue free or low-cost childbirth kits – with equipment like sterile swabs and an umbilical cord clip – to midwives and pregnant women."

She's also starting a website called the Himalayan Women's Health Project ([www.himalayanwomenshealthproject.org](http://www.himalayanwomenshealthproject.org)) to share about these Ladakh medical missions to raise awareness so more people can help and facilitate collaborations with organisations.

"The simplest things we do – like travelling that distance for them – can make a great difference in these women's lives," she says. "When the girls see that a woman can become a doctor, it empowers them to chase their own dreams." →

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