‘My adopted daughter and then my second wife died of kuru’

Atenamu Bavasa

Ketabi Village, c/o Papua New Guinea Institute of Medical Research, PO Box 60, Goroka, EHP 441, Papua New Guinea

I was in my thirties and had a son by the name of Anua when Dr Carleton Gajdusek came into the Purosa Valley to do research on kuru. Carleton picked Anua from among the boys to work with him. When Carleton, Anua and others went on patrol, I assisted them by carrying field equipment and rations for two to three weeks. I also assisted by explaining to the village people why we were there in their village, how we wanted to examine the sick kuru patients and what help we tried to give them.

I was asked by Carleton to stay back in the village to take care of his house and equipment. After 3 years, my adopted daughter and then my second wife died of kuru, so I gave up my job to take care of the children left behind.

I am pleased that the Kuru Project is continuing the kuru research work with the people of Okapa. The two main groups, the Atigina and the Pamusagina, have worked hard and assisted the medical scientific officers in their studies from the beginning and they continue to assist the kuru research workers today. Now I am working with Michael Alpers and Jerome Whitfield to research the stories of our ancestors and the cultural practices of the Pamusa people.

Richard Hornabrook’s first impressions of kuru and Okapa

Annette Beasley*

112c Paetawa Road, Peka Peka Beach, RD 1, Waikanae, New Zealand

The following recollections are taken from a series of 14 extended interviews conducted with Richard W. (Dick) Hornabrook between February 1995 and February 1998, as part of a larger ethnographic study of the kuru investigation (see Beasley 2004, 2006a,b).

In late 1962, Dick received a letter from Prof. Robert Walsh, on behalf of the newly formed Papua and New Guinea Medical Research Advisory Committee, inviting him as ‘a British-trained neurologist’ to consider a 3-year appointment to study kuru. Following a brief visit to the kuru region in early 1963, Dick recalled that:

The decision to go to New Guinea was really made...within a very short time of seeing the scenario, and was influenced by the warmth and enthusiasm of the people I had interviewed and the confidence I had acquired through...contact with some of the local people in New Guinea.

My understanding of [the situation] was that this was something that I was going to be able to contribute to and [that] my training was right for that contribution.

I did not give a great deal of attention in my mind to solving the problem [because] when training in neurology...we were dealing with lots of neurological diseases for which the answer to the problem was indeterminate; solving the problem was not your motivation at all. I quickly decided that as a neurologist the most useful contribution I could make was to describe the disease.

In fact, [the aim of describing the disease] seemed a great challenge to me when I first went there. It was a challenge because of the local people’s mistrust, misgivings....It was difficult because people were suspicious of doctors and I was told that the hospital at Okapa was not to be used by kuru patients for political and sociological reasons. Therefore the initial issue was where do I find these patients? How do I go about examining them? I had to devise a way of learning about who got kuru, how they were different from the population at large and what the features and characteristics of the complaint were.

The Hornabrook family arrived at Okapa on 18 December 1963, expecting their household possessions and supplies to follow shortly after.