‘We were only allowed to perform an autopsy on those patients we had taken good care of’

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Today, I am so happy to see some of the colleagues whom I once worked with in Okapa. I would like to take this opportunity to thank all the medical scientists who came to work on kuru. Back in my village of Waisa, I was newly married when Michael Alpers arrived in our village to carry out his field research. The kuru epidemic was frightening and taking the lives of many women and children and also men. The worst affected villages came to a stage where there were many orphans to care for and not enough women for men to marry.

Michael fitted in well with my family. In fact, all the village people regarded Michael as one of our family members. We gave him a block of land and built him a house to settle down in and work.

I mainly assisted Michael in fieldwork on kuru and explained to the people why he was there and what he wanted to do. In the minds of the people, they feared that kuru was caused by sorcery and the collection of any samples from humans was very hard. The fear of sorcery was very high but we had a good team and it worked out well. Dead bodies were also highly respected in the South Fore and getting permission to perform an autopsy on dead patients was hard. We were only allowed to perform an autopsy on those patients we had taken good care of.

The work of the Kuru Field Unit, Kuru Research Project of the Papua New Guinea Institute of Medical Research and MRC Prion Unit

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This is my third year working for the Kuru Research Project and I have been assigned to take charge of the fieldwork. Our fieldwork is based in Waisa village and we have nine field patrol officers who make five teams for kuru surveillance right around the four corners of Okapa District. There are two technical officers based in the field transcribing interview tapes recorded by Jerome Whitfield, Sena Anua and myself.

One patient, a man aged 62 years, died of kuru in March 2005. There were 14 suspected cases of kuru from January 2005 to September 2007:

— five suspected kuru patients have ‘recovered’ and are well;
— five suspected kuru patients are still sick with no change of symptoms and are diagnosed as not having kuru; and
— four suspected kuru patients have died from other disease.

The other responsibilities in the field are:

— Arrange field patrols for kuru surveillance of villages in remote parts of the kuru-affected region every quarter and prepare a report.
— Assist Jerome Whitfield in conducting interviews on the cultural and mortuary practices of the Atigina and Pamusagina people.
— Diagnose and film suspected kuru patients and compile reports for Jerome and Michael Alpers.
— Check and regularly report on the sickness status of suspected kuru patients.
— Transcribe recorded tapes from the Fore language into English.

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