

Medical services for the Orang asli (Aborigines) of West Malaysia

by: DR. ONG HEAN TEE
Senior Medical Officer
Department of Orang Asli Affairs,
Kuala Lumpur, Malaysia.
Present: SuBeng Dispensary,
104, Jalan Prangin,
Penang.

INTRODUCTION

The Medical Service for the Orang Asli (Aborigines) is part of the Department of Orang Asli Affairs, which is presently in the Ministry of Home Affairs. It is separate from the Ministry of Health although its medical officers and guidance for its medical policies come from that Ministry. The aim of the Medical Service is to provide total health care for the Orang Asli and this is carried out in the villages, jungle posts and in the Gombak Orang Asli medical centre. The medical staff divide their time between the jungle posts and the hospital wards, work in both being complementary to each other.

An early problem in the medical programme was the influence of traditional indigenous medicine. It had advantages for the sick Orang Asli, the use of food taboos, community dancing and spiritual trance requiring little effort on the part of the patient. However this influence regressed as the people became exposed to the outside world. Western medicine is more readily acceptable nowadays. Staff training was also a problem and this was solved by carrying out the training in Gombak Hospital. The third major problem in setting up the Medical Service concerned communication between the medical posts in isolated jungle villages and Gombak Hospital. A wireless network was set up to link them, and a helicopter service allowed the medical officers to visit the posts regularly each month.

HISTORY

The medical section of the Department of Orang Asli Affairs was started in late 1954 by the Department itself. The Ministry of Health had been asked to provide a medical service for the Orang Asli especially those in deep jungle areas who at that time were quite outside the medical services provided for the rest of the population. However, the Ministry of Health was unable to do this as it was already overextended in dealing with problems created by the First Malayan Emergency (1948 - 1960). The Department of Orang Asli Affairs was convinced that the setting up of a medical service for Orang Asli even in skeleton form, was quite essential if the Government was to make any progress in improving the life of the Orang Asli population. Furthermore, the Government had to show them that it cared for them in order to enlist their help for the Security Forces in the jungle. In late 1954 therefore the Department requested the Ministry of Health to recruit two medical officers to be attached to the Department for full-time work among the Orang Asli community. These two doctors, Dr. Malcom Bolton and Dr. Lichtenstein immediately started the recruitment of 14 Field Assistants, who were ex-medical orderlies or other personnel in the Royal Army Medical Corps of the British Army. Initially, one Field Assistant was posted to each of the 13 jungle posts which existed at the time and this provided the basis of the Medical Section.

The two Medical Officers travelled all over Malaya by helicopter, land vehicle, boat and/or foot, visiting the posts on a regular basis to provide medical treatment for the Orang Asli living near them and to supervise the field assistants. Visits were also made to other groups not living near the posts as often as possible. Initially, a 12-bed hospital was set up in Kuala Lipis, Pahang. The Medical Staff were able to bring Orang Asli who needed treatment there and send them back when they were well. The need for a bigger hospital was soon felt when more Orang Asli accepted treatment, and in 1957, the present hospital was set up in Gombak, 12 miles north-east of Kuala Lumpur. The hospital in Kuala Lipis was downgraded and the Department concentrated its effort in the development of the medical centre in Gombak. The number of jungle posts was increased to its present strength of 135 with a proportionate increase in staff.

The first success of the Medical Section was the complete elimination of Yaws by mid-1956. In 1954, this disease was widespread amongst the Orang Asli Community. Its treatment was simple and effective. The elimination of this disease in their community played a great part in convincing the Orang Asli of the benefits of modern medicine.

STRUCTURE OF THE MEDICAL SERVICE

Jungle Posts

There are 135 jungle posts. These are made up of a clinic, medical posts and emergency evacuation posts.

There are 70 jungle medical posts, each manned by an Orang Asli medical orderly or midwife, assisted by a porter. These posts are distributed throughout the inhabited jungle area of West Malaysia, but concentrated mainly in the central mountain chain. Each post has two beds for sick patients, a dispensary, a wireless transmitter-receiver and a landing zone. The medical orderly has a programme whereby he spends some time in the post, maintaining it and treating patients who go there, and some time (about 10 days a month) visiting the surrounding villages in an area of about 30 square miles. He treats simple illnesses and consults the doctors in Gombak Hospital via wireless or during the routine helicopter visits if a patient is more seriously ill. When he thinks a patient needs hospitalisation, he will consult Gombak Hospital and a road vehicle, boat or helicopter will be sent in to bring the

patient out. Whenever a patient cannot be carried to a landing pad, the medical orderly will make a new one near the patient and direct the helicopter in by wireless. The orderly's work includes following up tuberculosis and leprosy patients who have been discharged back to their villages. His rations and medical supplies are sent in similarly - by road (usually only a jeep track), river, or air (air drops are done monthly). In most of the posts, there are also antimalarial workers who carry out house spraying and issue weekly prophylactic drugs to the villagers. The one clinic in the jungle has a laboratory and a midwife clinic as additional features.

There are 64 emergency posts similarly distributed in the country. While the medical posts are situated in areas of relatively high population concentration, these are in areas of small groups of people. There is a small building with a small range of drugs, a helicopter landing zone and a wireless transmitter-receiver set (most of these posts are now equipped with these wireless sets). A local Orang Asli porter is in charge of the post and he maintains the landing zone, gives first aid which he has been trained to do, and reports on any seriously ill person to Gombak Hospital or to the medical orderly in his area. The medical orderly visits these posts monthly. The post is also visited by a medical officer on his routine helicopter run.

Gombak Hospital

This is a base hospital at Gombak, 12 miles from Kuala Lumpur along the Selangor - Pahang trunk road. It is sited beside a river and is surrounded by primary jungle. It has a capacity for 450 patients but presently has an average daily in-patient population of 350. There are 13 wards:--

- 1 intensive nursing/acute care ward;
- 4 wards for tuberculosis and chest disease;
- 2 antenatal wards;
- 1 postnatal ward;
- 1 paediatric ward;
- 3 general medical and surgical wards,
and 1 ward for staff.

One building houses the labour room, minor operating theatre, offices, library and classrooms (and the paediatric ward). Another houses the dental clinic-cum-surgery, central sterilising and supply unit and laboratory. The hospital also has its own dispensary, store, medical record section, X-ray and tuberculosis department, and outpatient department.

Previously the trained staff in the hospital were solely expatriates, but now they are mostly Malaysians. The hospital is now run by a local Malaysian doctor. The trained staff act as supervisors to the medical orderlies, eighty percent of whom are Orang Asli.

The hospital is the nerve centre of the medical service and all medical programmes are directed from the Hospital.

Communications

A wireless network links the medical and emergency posts to Gombak Hospital. It also links Gombak Hospital, the ambulances, helicopters and helicopter squadron headquarters. Transmission takes place from 7 o'clock in the morning to 7 o'clock in the night. A general news broadcast is sent out at 8 o'clock and posts are told to stand by if there are messages for them. Each post then reports in alphabetical order and switches off after the report. Messages are then transmitted to specific posts which have been on standby. These messages include notice of visits and administrative orders.

All sets then close down while the main station at Gombak Hospital and substations at the main towns remain on standby, ready to receive news. The post will call the main station in Gombak, if medical help or otherwise is needed, or the substation if the news is of regional interest or if the signal is too weak to be received by Gombak.

Many posts are accessible by road or river, but many are accessible only by jungle tracks and helicopters. The transport section sees to it that movement of patients, staff and material between Gombak Hospital and the posts is as smooth as possible.

STAFF

The medical section has one senior medical officer, four other medical officers, two dentists, three non-medical administrative officers, five nurses (with 6 more unfilled posts), one trained assistant nurse, and 278 medical orderlies.

While the trained staff were formerly completely expatriates, volunteers from the British V.S.O., New Zealand V.S.A., Canadian-American Care-Medico, the American Peace Corps and U.S. Army, and the Canadian C.U.S.O., the majority are now Malaysians.

There are two Canadian and two British nurses in Gombak presently. The trained staff supervise the medical orderlies and help in their guidance and training. To succeed in this, it is very important that the trained staff have a genuine interest in the Orang Asli and try to understand both patients and staff. The Orang Asli are very sensitive to the moods and attitudes of the officers and if offended, tend to withdraw into themselves.

The medical orderlies are mainly Orang Asli. The non-Orang Asli orderlies are based in Gombak doing administrative work and in district Orang Asli Department offices treating the Orang Asli in the jungle fringe. Some work in the hospital wards. The Orang Asli medical orderlies work in the hospital and the jungle posts. One has become the assistant administrative director of the medical section. The orderlies alternate between working in the hospital and in the jungle posts. In Gombak Hospital, they initially undergo a six-month training programme after which they have in-service training. When the orderlies go into the posts, they treat patients in the way they are trained to. One third of these orderlies, male and female are also trained in midwifery. In Gombak Hospital, the medical orderlies also work in the special units such as the X-ray and tuberculosis unit.

The Orang Asli were specially chosen for training and work in the medical service because of several reasons. Initial experience with the training of Orang Asli for work in the medical service was encouraging as they showed an ability to acquire skills and responsibilities. They were also trusted by their own people. This makes it easy for them to influence their people to accept modern medicine. It is also easier for the Orang Asli patient to find that he is among his own people when he leaves his jungle home to enter Gombak Hospital. He knows that he can possibly find someone from his area who can converse in his tribal dialect. The Orang Asli orderly is also physically suitable for work in the jungle. He is used to living in the jungle with its "wild" environment, he can walk long distances in the jungle with a heavy pack on his back, and he can build rafts and ride the numerous rivers and streams. Furthermore, he can survive in the jungle when rations are delayed or destroyed in faulty airdrops. Bearing in mind that he is helping his own people, the Orang Asli orderly works extra hours and extra duties without complaint.

MEDICAL PROBLEMS

Early in the Service, yaws, malaria, tuberculosis, leprosy, amoebic dysentery, worm infestation and malnutrition were the main problems. Presently yaws has been eliminated and tuberculosis, leprosy, amoebic dysentery and malnutrition have been controlled. Smoking is widespread and respiratory illnesses common. The disease pattern is becoming similar to that of the rural areas of the country.

The Orang Asli can presently be divided into three groups with regards to medical problems - the urban dwellers, those in the fringe jungle areas and those in the deep jungle. The urban dwellers are the few Orang Asli who work in the towns, many being staff of the Department of Orang Asli Affairs. Diseases due to poor hygiene and sanitation are not a problem with them. Malnutrition is also not a problem for these people eat relatively better than those in the jungle. Those living in the fringe jungle are the worst off. Water is contaminated and parasitic diseases common. Amoebic dysentery was once a great menace, but the digging of properly sited and built wells have controlled it. Malnutrition is a problem as the diet is poor. Fish and meat have to be bought. Money earned from tapping rubber is often spent on tobacco, sweets and store cakes. The deep jungle dwellers are more healthy. They grow and catch their own food. Water is clean and they have not been much exposed to diseases of the rural and urban areas. Amoebiasis is not a problem. Worm infestation is low. However, malaria is a big problem especially when new ladangs (agricultural clearings) are made.

MEDICAL PROGRAMMES

Treatment

Treatment starts in the medical or emergency posts. If the illness is severe, then the medical orderly requests for transport to take the sick patient and his relatives to Gombak Hospital. This may be by road, river or air (helicopter). Road vehicles may go into accessible villages and posts to send back patients, staff or material, and when they do so they take back people who are sick to Gombak.

In emergencies, posts which are not accessible by road are reached by helicopter in a medical evacuation ("medivac") service. In urgent cases, a helicopter leaves its base within one hour of

notification (medivac alpha), flies into the jungle and returns to Gombak with the patient. If the case is very urgent, the helicopter lands and discharges the patient in the nearest general hospital or in the nearest post to be transferred by road to the general hospital if the hospital has no landing area. Unfortunately, some members of some general hospitals are ignorant of the urgency of such cases and patients have been lost because of this. This forces the medical section to try to land all medivac alpha patients in Gombak, no matter how far away the post is from Gombak.

Medivac "bravo" is requested for less urgent cases and the helicopter leaves within 24 hours. Medivac "charlie" obtains a helicopter within 3 days and medivac "delta" within 7 days. "Charlie" and "delta" are usually for patients who are not seriously ill but also cannot be otherwise transported to Gombak. (Figure 1)

The hospital runs an outpatient clinic where staff and non-Orang Asli from the area around the hospital are seen and treated. This allows the Orang Asli and non-Orang Asli to mix freely and also allows the people living around the use of the outpatient facilities.

Field Visits

Teams regularly leave Gombak Hospital to visit the medical posts and their surrounding villages. Doctors and nurses in the service are expected to carry out field visits. Each is expected to spend seven to ten days a month in the field. At any time of the month, one doctor and one nurse are expected to be out in the field, either together or in separate teams. Two dental officers spend alternate weeks in the field treating the Orang Asli in the posts and schools set up by the Department of Orang Asli Affairs. One remains in Gombak Hospital to treat the inpatients and outpatients. Teams of medical orderlies also carry out field visits. The X-Ray and tuberculosis unit, the immunisation team and the dispensary have their own mobile teams.

Health Programmes

These include tuberculosis control, malaria eradication, immunisation, family planning and social welfare. It is hoped that an applied nutrition project can be started soon.

Health Education

There has not yet been an organised programme for health education although it is attempted in the hospital, medical posts and in the schools set up in the jungle. A programme is in preparation at the moment.

Training

Training of medical orderlies is carried out in Gombak Hospital. After an initial six month course on first aid and medical treatment, the orderly starts to work in the wards where his training continues. At the end of one to one and a half years, he is ready to work alone in the medical post. While he is there, he can contact Gombak Hospital by wireless if he needs guidance.

Additional training courses are given for midwifery. The staff who work in special units are trained as they serve in them. Some have received training outside Gombak Hospital, in the Institute of Medical Research, Kuala Lumpur, the National Tuberculosis Centre, Kuala Lumpur, Malaria Eradication Programme Headquarters, Kuala Lumpur and the Public Health Training Centres in Rembau and Jitra.

A nursing school has been set up with the guidance of the Nursing Board of the Ministry of Health. The school aims to prepare the medical orderlies for the examination for trained assistant nurses by the Ministry of Health so that they would have a standard and a paper qualification equivalent to that of the assistant nurses in the hospital of the Ministry of Health. A two year in-service course is held for selected trainees for this purpose.

FOREIGN AID

Foreign aid has played a big part in building and maintaining the medical service.

It has provided trained staff - doctors, dentists, nurses, midwives, an occupational therapist, laboratory technicians, a radio engineer, a radiographer and others. They have come from various volunteer organisations - the British V.S.O., New Zealand V.S.A., Canadian C.U.S.O., Japanese O.V.C., German Volunteer Service, the American Peace Corps, Canadian-American Care-medico and the U.S. Army.

Foreign aid has been helpful materially too. Foreign aid built buildings, brought vehicles (ambulances, land rovers, lorries, etc), radio transmitter-

receivers, laboratory equipment, radiographic equipment, midwifery packs, and early in the service, medical supplies.

MALAYSIANISATION AND PRESENT PROBLEMS

The Medical Service, once completely run by expatriates and foreign volunteers, has been taken over by Malaysians. Volunteers are still present and needed, especially for the work in the deep jungle. The first local Malaysian doctor joined the service four years ago, and since then, local doctors have been serving in the Department. Local Malaysian nurses have also served from about the same time.

The Ministry of Health has now become responsible for the supply of hospital equipment and medicine, although we still receive foreign material occasionally.

The process of Malaysianisation has brought its problems and these will have to be ironed out. The Service has to compete with other hospitals for staff and material from the Ministry of Health. Some local officers are reluctant to work in the field which they do not have to when they are in Ministry of Health hospitals. There is also a strong tendency to treat and compare the Service with the Ministry of Health hospitals, forgetting the special circumstances that the Service was built for. These problems will gradually disappear as local officers understand, accept and dedicate themselves to the objectives and nature of the Medical Service.

The continuing existence of the Departmental Medical and Health Service for the Orang Asli outside the normal services provided by the Ministry of Health is justified by the geographical isolation of the majority of the people it deals with, the attendant problems of communication, and a difficult and rugged terrain. Although an increasing number of the more sophisticated Orang Asli are willing to be admitted to normal Ministry of Health Hospitals both at state and district levels, there are still a large number of deep jungle dwellers who feel quite out of place at such hospitals and regard the atmosphere of the Departmental Hospital as more sympathetic and understanding as regards their needs. The fact that most of the nursing staff are members of their own community strongly reinforces this attitude.



Gombak Hospital.



A family in hospital.



A jungle medical post with its landing zone.



Orang Asli in their village.



A patient for Gombak Hospital.



Travelling dispensary attracts fringe jungle Orang Asli.

CONCLUSION

The Medical Service for the Orang Asli (Aborigines) of West Malaysia has been effective in providing them with medical care and in helping to bring about a change in their mental attitude and socio-economic status. Foreign nations have helped in setting it up and maintaining it. There has been an active Malaysianisation process and the service is now directed by local officers. Its unique circumstances justify its existence as a separate unit outside the normal services provided by the Ministry of Health, although there are problems created by this set-up.

SUMMARY

The Medical Service for the Orang Asli (Aborigines) of West Malaysia was set up in 1954 as an effort to improve their well-being as well as an inducement to the Orang Asli to co-operate with the government security forces. It is now part of an overall project to help in the wellbeing and advancement of the aborigines.

ACKNOWLEDGEMENT

I wish to thank Encik Baharon Azhar bin Raffe'i, Director-General, Department of Orang Asli Affairs, for his permission to publish this report.

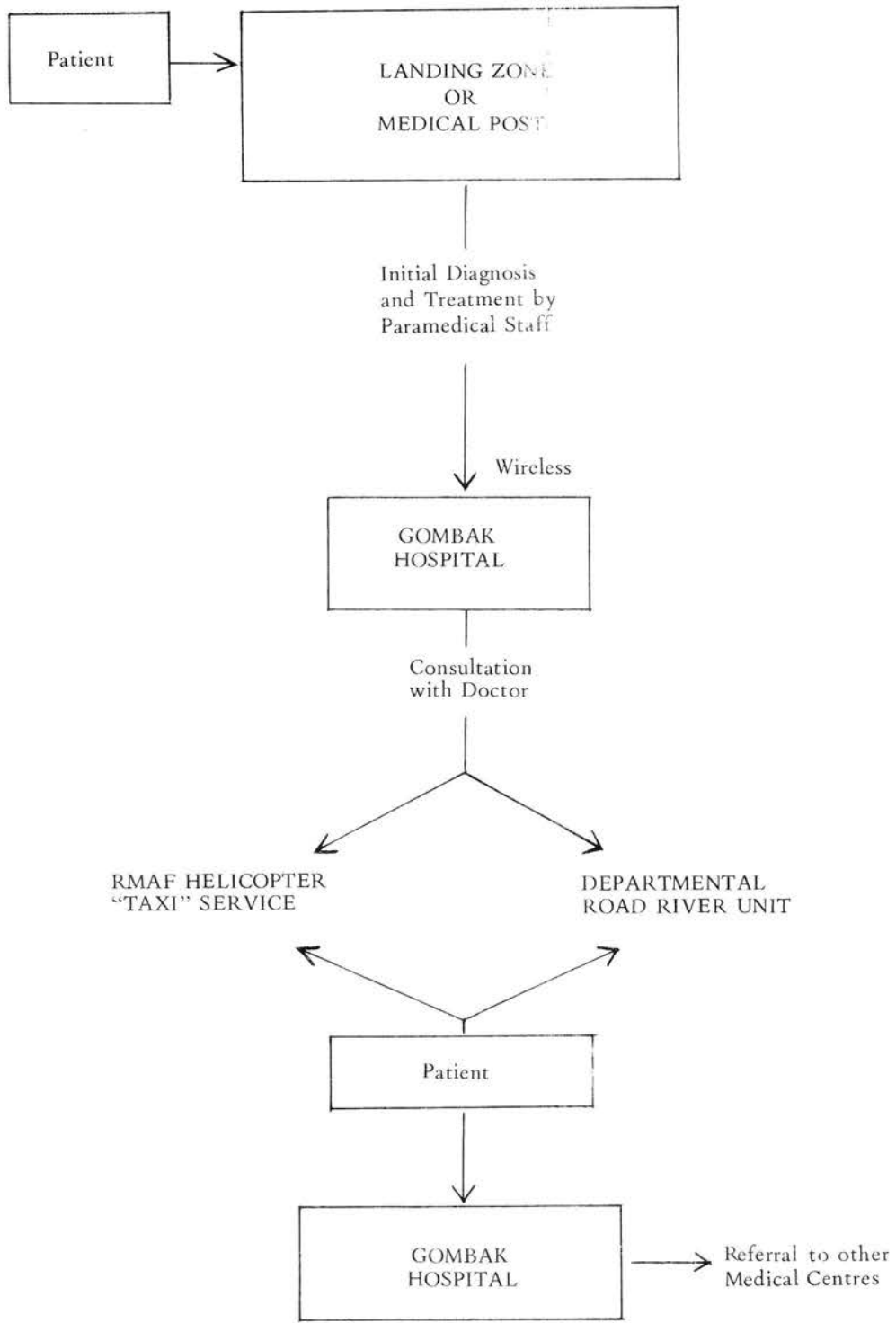


Figure 1: THE CALL FOR HELP