

Interview with Dr Wong Ting Hway

By Dr Oh Jen Jen, Guest Editor



Vitamin B distribution – Villagers in Kuito, Angola, queue up for the piece of soap we give out to entice people to take the vitamin B in an area endemic for pellagra. (Photo – MSF)

Shortly after her contribution appeared in the *SMA News* December issue last year, Ting Hway was named *Her World* magazine's Young Woman Achiever for 2003, and has been featured in *The Straits Times* and *Channel NewsAsia*. The Singapore Council of Women's Organisations (SCWO) also profiles her on their website (<http://www.scwo.org.sg>) this month, and her list of achievements, though well-known, still never fails to amaze me.

I managed to corner Ting Hway via email recently, and thank her for sharing her more personal (and light-hearted) thoughts with us in this e-interview.

What does the phrase "Women in Medicine" mean to you?

There shouldn't be anything strange about it at all. Women in surgery should be even more obvious – operating is all about cooking and sewing, isn't it? Take nursing too – in our grandparents' time, nurses were all male, because they didn't trust women with patient care. It was only during the World War when all the men were sent to the frontline that nursing was taken over by women. Ditto for bank tellers.

Any thoughts on being a woman out in the field?

In Singapore, I get mixed reactions when people hear of my exploits. Responses include:

1. From men who think these "hardship posts" are simply for girls who have never been through National Service

(NS): "Aiyah, such things are for girls lah. You never suffered through NS, so good for you lah!"

2. From men who think humanitarian work involves being a goody-two-shoes and standing by the roadside giving out medicines: "Good that you are doing this! Me, I have a serious career to think about..."
3. From people (both men and women) who think they know what humanitarian work really involves: "You must be the only girl when you get out there!"

Well, actually it's not true. When I was with *Medecins sans Frontieres* (MSF) in Angola, the male-female ratio was about 50-50. In fact, sometimes the women outnumbered the men. It's about the same with the International Committee of the Red Cross (ICRC). Among personal friends here, I know more women than men who have done this. The majority of MSF recruits from Singapore is also female.

Many myths surround the nature of humanitarian work. No, we do not just go into the middle of nowhere, set up a tent and start seeing patients. Running a clinic or hospital requires planning, collaboration and negotiation with local authorities, assessing the situation and needs, training and organisation, et cetera.

But going back to being a woman out in the field: I suspect that if we live in a society which still officially sanctions the man as the breadwinner, then there is less social pressure on women to conform – hence the tendency for more women to take the road less travelled.

About the interviewee:

Wong Ting Hway has worked – not always as a doctor – in various places, her work environment ranging from tents and huts to red-carpeted air-conditioned hallways. She has now decided to disguise herself as a "real doctor" in National University Hospital. Readers who wish to find out more about opportunities working in developing countries can email travemed@doctors.net.uk.

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Any close calls during your trips so far?

There were plenty of close calls that, in retrospect, weren't really that close, including that explosion while I was setting a central line which was reported in *Her World*; walking past a checkpoint and hearing shouting and a soldier cocking his gun (he was just threatening someone else and no shot rang out); walking in the mountains of Nepal and hearing a boom in the distance while you are vulnerably walking along a path with nothing but your backpack. (As you can see, I'm a coward, really!)

What are some of the more humorous incidents you can remember from your trips?

We had to walk long distances in Nepal to get to the conflict-affected areas, in order to assess the true situation for the civilians, and see if there were any aid issues. It took us a few weeks and we walked through entire provinces.

One day, when we came back to Kathmandu, we discussed going out for dinner and considered a few restaurants. "No, that one is too far," said my colleague. "Too far? We just walked through half of the mid-Western province and you think the restaurant is too far!?"

Another time, we were in Angola, and we all had a bad week at the therapeutic feeding centre – many children had died of malnutrition. I got home and my Italian colleague was upset and apologetic that she had burnt the pasta (she had wanted to prepare a nice meal to cheer us all up).

"It's okay," I assured her, digging happily into the charred pasta. "I mean, we should be grateful for the food... think of all the starving children in Africa..."

What is your definition of "walking on the wild side"?

I don't really see myself as walking on the wild side. I'm the sort of person who considers motorcycling dangerous! Contrary to popular belief, I'm a very tame person, really. However, I can quite understand why what I do may seem wild to everyone else – I mean, I live in a country where even a blackout seems a major disaster. Perhaps we need to get used to the idea that being different does not necessarily mean being dangerous.

Do you have any unusual hobbies?

Quite a few to keep me and friends entertained in the middle of nowhere. I like to dance because it keeps both mind and body active. You don't need much to dance – even if you don't have a music player, you can sing and clap hands, and I've seen many villages all over the world do that. I used to do traditional Chinese and Malay dance in the UK (taught to me by friends watching Malaysian Tourist Promotion Board videos and copying the steps so that we could perform at cultural shows), as well as flamenco, but nowadays I stick to hip-hop and belly dance. I don't have as much time for music as I used to, although I recently

started learning to sing (but please don't ask me to sing!). Anyway, I see dance as an extension of music. These are the sort of hobbies that you can quite easily transplant to the bush and cross-cultural barriers.

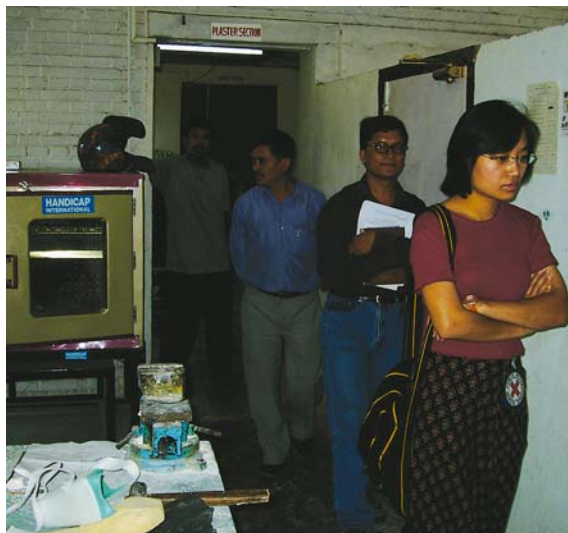
Where will you head to next, and for what specific project? Any particular reasons for your choice?

Usually you choose the job and the employer, and they choose the place. People often ask us: "Why did you choose XYZ country?" not realising that it wasn't our choice at all. It's a job – they offer us the position and we can accept or decline.

I'll stay in Singapore for a while. I came home for specific reasons – family, getting back in touch with "normal medicine", getting re-acquainted with the Singapore healthcare system, et cetera, and I will stay as long as these reasons remain relevant. As to the exact timing of when I will leave again – we shall see. For now, I'm taking things easy, one day at a time. ■



Classroom at the Mae Tao clinic, Mae Sot, Thailand. Dr Wong is seated third from right.



Assessment visit to an artificial limb workshop with the International Committee of the Red Cross in Nepal. (Photo - ICRC)