

# Impressions from Pulau Buloh Bhakti Sosial

By Dr Andy Tan

I remember the initial mixed feelings of trepidation and anticipation as Gwen and I met up with the organisers and other participants at the Harbour-front Terminal. This would be my very first overseas medical mission and the excitement was mounting slowly but steadily.

Over breakfast, I got acquainted with my fellow medical and dental colleagues, and found out about some of the teething problems and horror stories from their previous expeditions. However, it was encouraging to hear from them what were really needed – a healthy dose of enthusiasm and underlying desire to serve the host community.



The dental team at work.

*“Even as I was attending to some of the patients, it struck me how big the social divide could be. On one hand, we had patients toting a not-too-dated Nokia handphone, while on the other, there were less well-off patients with nothing much more than the shirt on their back.”*



#### About the author:

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He is one of the founding members and the current chairperson of Roses of Hope. His favourite haunt during the weekends is the Siloso Beach at Sentosa. Dr Tan can be contacted at email [drandtan77@yahoo.com.sg](mailto:drandtan77@yahoo.com.sg)

#### WE ARE OPEN

Singapore Red Cross did a marvelous job to ensure a smooth and safe passage from Singapore to Pulau Buloh. After a smooth ferry ride, we arrived at Batam's Waterfront City and transferred to a connecting bus which brought us to Sagulung. There, we took a small barge with our numerous boxes of medical and dental supplies and arrived at Pulau Buloh, where we would set up our clinic for the next two days. It was a bit of a challenge when we got to Pulau Buloh as we had to climb up a narrow wooden staircase from the boat. Otherwise, the trip went without a hitch. Despite the light drizzle, the overall atmosphere was buzzing with enthusiasm and I could sense the team's eagerness to start work without delay.

We arrived at our mission site, which was a primary school located in the centre of the small town. Many patients

had already gathered within the courtyard in anticipation of our arrival. After a quick introduction by the local organisers, the medical, dental and pharmacy teams went about setting up the various workstations. It was amazing how everything seemed to fit in properly when everyone put their minds to it and worked with one singular purpose to serve. In less than 15 minutes, the various teams were deployed in the assigned classrooms and ready to attend to the first few patients.

The medical team focused on providing acute primary medical care. Most of the patients attended the clinic for medical problems such as upper respiratory infections, gastroenteritis, musculoskeletal aches and pain, not unlike the outpatient cases that we see in Singapore. For chronic

Singapore Red Cross (SRC) organised a Bhakti Sosial mission to Pulau Buloh from 24 to 25 July 2004. Pulau Buloh is one of a chain of small islands off Sagulung in Batam. The island chain is populated by small villages and Pulau Buloh is one of the biggest island with a population of about 1000. Most of the residents work with commercial farms on nearby islands.

The team of doctors, dentists, pharmacists and nurses included Dr Chan Lai Gwen and Dr Andy Tan who were representatives from Roses of Hope (ROH), a charity initiative started in December 2002 by a group of young medical and dental officers from the National Healthcare Group. ROH had volunteered for this mission as observers, in preparation for its official collaborative mission with SRC in December 2004. Dr Tan shares his experience here.



Enroute to Pulau Buloh on the local bumboat ferry service.

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medical cases, we had help from one of the local doctors, Dr Hidayat, whom we could refer to for further follow-up.

The dental team was also kept busy throughout the two days. There was a running joke that they were operating a “torture chamber”, what with the spine-chilling screams that traversed the walls between the rooms and the occasional “run-away patients”!

We were especially thankful to our local interpreters, without whom we would have been quite lost as few of us were conversant in Bahasa Indonesia. *Terima kasih!*

#### THE GREAT DIVIDE

Even as I was attending to some of the patients, it struck me how big the social divide could be. On one hand, we had patients toting a not-too-dated Nokia handphone, while on the other, there were less well-off patients with nothing much more than the shirt on their back. According to some of my fellow doctors who had weathered other medical missions, this community is considered luxurious! As one of them pointed out: “You can tell how affluent a community is by the number of households that own luxury items such as televisions, radio or handphones.” And indeed, there was a three-storey house with a satellite dish directly opposite our clinic.

Our hosts from the school were most gracious, offering us a simple but delicious array of local fare during lunch. We even had a taste of the local durians, fresh from the backyard!

We also enjoyed a lovely seafood dinner on a *kelong* near our hotel, arranged by our sponsors and local organisers from the Pulau Bulan Organisation. It was a well-deserved break and allowed our team to bond.

#### CHALLENGES

The main challenge for newbies like myself was to recognise our limitations in the overall health of the local population. For instance, it was quite unnerving to realise that my role had fairly minimal impact on the long-term health of the gentleman who had just consulted with me. It was with the wisdom of my other seasoned colleagues that I could rationalise that our team’s objective was not to replace the local healthcare facilities or showcase what we were capable of. What we could definitely do, however, was to build a long-term relationship with the local population and partners, and pave the way for future collaborations with more impact.

Naturally, with so many stakeholders involved in such missions, conflict of interests was inevitable. Various sensitivities and interests of the local community, organisers and various participants needed to be managed carefully at every phase of the mission. The healthcare workers had to perform to the best of their professional ability in the back-to-basic environment and balance that with the organisers’ concerns about costs, impact on the local community’s perception of the local healthcare service, goodwill from the community, and other larger implications. On occasion, certain lines were toed, but thankfully, the general spirit to serve the public prevailed and conflicts were thus minimised.



Take-home message: There is strength in numbers.

#### LESSONS FROM THE EDGE

There were many life lessons that I personally picked up during this short trip. I learnt to cherish all that I had previously consciously or unconsciously taken for granted. I also witnessed the strength in numbers – a cohesive team with an unwavering and shared purpose can achieve a great deal for the benefit of the needy. And most of all, I learnt the importance of grace – to share whatever little time or effort I can spare with those who are less fortunate. ■

