Mission Meulaboh

This New Year's Day proved to be an unforgettable one for Dr Low Cheng Ooi, who was in Meulaboh with the Singapore Armed Forces (SAF) from 31 December 2004 to 17 January 2005. Dr Low relates the medical mission to Dr Oh Jen Jen, Editorial Board Member of the SMA News.

First look at the scene of nature's fury.

WHAT WAS THE EXTENT OF DEVASTATION IN MEULABOH?

Meulaboh is located along the southwestern coastline of the West Sumatran province of Aceh. It faces the Indian Ocean and therefore bore the brunt of both the earthquake and tsunami. Much of the destruction extended as far as three to five kilometres inland, flattening and flooding buildings in the town. Land routes from Medan and Banda were cut off. The airport was damaged and access by air was open only to helicopters and small planes. Almost all the piers to Meulaboh were damaged. Limited relief supplies coming in by sea had to be transferred from bigger ships by serviceable small boats. Electricity and running water were available in some parts, but the GSM network was down. There were four refugee camps within the city, with another four scattered peripherally.

YOU WERE AMONG THE FIRST TO REACH THE AREA. WHAT WAS THE SITUATION LIKE WHEN YOUR TEAM ARRIVED?

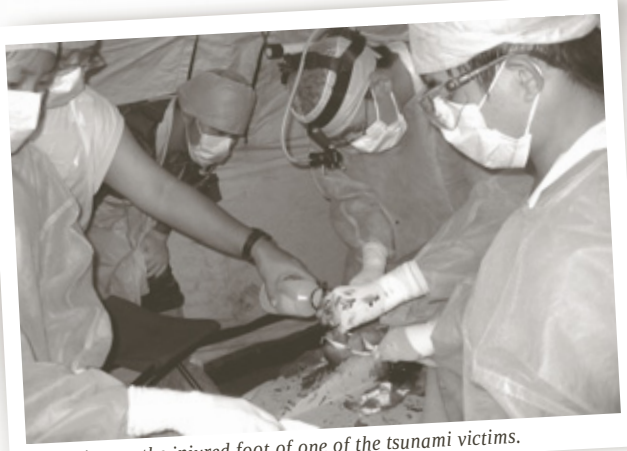
The hospital we were stationed at was structurally intact, though most of the beds and mattresses had been lost through looting. Only one ward, A&E area, ICU, OT, X-ray room and laboratory were open. The blood bank was depleted, the ward had no nurses and the patients were cared for by their relatives. I understood from the Director that many of those who had survived the disaster were either looking for loved ones, finding a home or in shock, and thus had not returned to work. Electricity was available but pumped water was limited to certain areas. Few of the toilets were working and many were clogged up, dirty and not useable.

The few remaining doctors included the Director, Head of Surgery, an intensivist plus a few others, but they had extra help from a team of doctors and nurses sent in from Jogjakarta soon after the disaster.

Offloading medical supplies was initially difficult. So, we worked in a "light mode" on the first day using portable medical bags, and were asked to clean up an abandoned ward and make it serviceable. On the second day, the whole team was down at A&E, tending to patients and doing mainly minor procedures. A smaller team was dispatched to one of the refugee camps to set up a primary healthcare facility, and the other SAF personnel worked at establishing a landing beach in order to offload vehicles and critical medical stores.

We were only able to establish surgical capabilities on the third day. We helped set up a second OT for the hospital and started operating there first. As more teams from non-governmental organisations (NGOs) arrived, we assembled our military field OT and began working from this facility instead.

Sterility was a big problem. Flies followed patients even to the operating area, so it was not uncommon to appoint someone the Official Fly Swatter.



Operating on the injured foot of one of the tsunami victims.

WHAT WAS THE SCOPE OF YOUR TEAM'S RELIEF EFFORTS?

The medical team was there to help the surviving local healthcare providers. This involved the provision of medical

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About the interviewee:

Dr Low Cheng Ooi is Chief of Orthopaedics in Changi General Hospital. He is a Reservist Volunteer in the Army Medical Services. He is married to a loving wife and has two adorable kids.

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supplies, setting up of primary healthcare facilities where needed (at refugee camps) and running some parts of the hospital, like the Emergency Room and OTs. A small environmental task force took care of water assessment, disease surveillance and pest control. Later, a secondary but no less important role developed, namely that of helping with the coordination of all the different NGOs that had arrived.

Besides medical aid efforts, the Joint Task Force for Humanitarian Aid provided humanitarian supplies, as well as engineering assets to facilitate access into Meulaboh. It also provided water desalination equipment, played a significant role in improving and co-ordinating air passage into Meulaboh, and helped facilitate the restoration of the GSM network.

United in humanitarian aid – The SAF medical team with personnel from Korean Red Cross, Japanese Red Cross, Unicef, Médecins San Frontières, Indian Navy, and the medical teams from Indonesia and US. Dr Low is in the centre of the back row.

WERE THERE TRAUMATIC OR UPLIFTING MOMENTS?

I was moved by the sight of so many medical and nursing personnel from different countries and cultures working hand in hand, caring for disaster victims. Consultations were easy and informal, as was the sharing of available but limited resources. The sense of a common purpose reinforced our own personal calling to healthcare – something that might have diminished over the years due to urban practice and our ever-demanding and often litigious patients. As one of the junior surgeons quipped over international television: "It's a damn good feeling!"

We often bridged gaps between NGOs and the Indonesians because of our knowledge of Bahasa and local culture. It was encouraging to see that SAF's medical services have matured following its many prior missions, and are now able to contribute effectively and integrate quickly into the disaster area.

On the downside, we lost a patient to septicaemia secondary to necrotising fasciitis in the right upper limb. This occurred despite surgery, difficult but successful anaesthesia, and collaborative post-operative care with the team from Médicins Sans Frontières.

WERE THERE JUNIOR DOCTORS IN YOUR TEAM?

Yes, there were junior doctors. I had the dubious honour of being the most senior in terms of age and rank. Most of them are regular medical doctors in the SAF. They are motivated, focused and very professional. Some of them had also volunteered in East Timor before. These more than made up for their relative lack of experience.

ANY ADVICE FOR DOCTORS WHO ARE CONTEMPLATING VOLUNTEERING FOR SIMILAR TRIPS, BUT HOLD BACK BECAUSE OF FEAR?

This mission was not without its dangers and high anxiety points. There was the high risk of succumbing to illness in the field. The daily transfers from ship to shore and back, in the open waters of the Indian Ocean, presented physical challenges and possibility of injury. The security threat was always present, and we constantly worried about the occurrence of further quakes, aftershocks and tsunamis. Communication with home was also difficult.

In spite of this, the team functioned well and was able to deliver professional care where and when it was needed, and morale remained high.

I would attribute this to the sense of a common goal and the camaraderie that quickly developed. SAF also provided vital support by handling all the logistics, security and administrative issues, thereby allowing the medical team to focus on its primary objective of providing healthcare. Personally speaking, SAF is the one organisation that is able to give you peace of mind when working under such stressful conditions.

One of the countless heartrending scenes and reminder of the many children lost.

The degree of death and devastation resulting from this disaster is mind-boggling and emotionally overpowering. Being there and being able to do what we could with limited resources was a humbling experience for everyone. Yet, it also leaves a sense of unparalleled personal achievement. It reminds you why most of us joined the medical profession in the first place. You must be out there to experience it. ■

Note:

Photos were collectively contributed by members of the SAF Meulaboh team.