Medical Relief Mission To Sri Lanka

By Dr Tan Chi Chiu

One of the numerous boats stranded on land.

As the regional tragedy unfolded in front of us on TV screens, I felt as a doctor that it was unbearable not to be able to do something to help. I contacted the Managing Director of Parkway Group Healthcare Dr Lim Cheok Peng and Group General Manager Mrs C E Tan on 28 December 2004, and within hours, Parkway had come through magnificently to offer full support to make a medical mission possible. As Aceh was so totally devastated that it would require the military's massive resources to facilitate relief work, we decided to go to Sri Lanka, the second worst affected country.

COUNTING DOWN

The volunteer team comprised 13 doctors – three general practitioners, three general surgeons, three orthopaedic surgeons, a plastic surgeon, an anaesthetist, a paediatrician and an internist/gastroenterologist (myself). There were also eight nurses, a pharmacist, a pharmacy technician and five support staff, totalling 28 in all. Four tons of medical supplies worth more than S$100,000 were contributed by Parkway and pharmaceutical companies. Leaders were appointed in different functional roles and a 'battle procedure' system was established, which included daily reports and briefings in the run-up to departure. Volunteers had vaccinations and briefings as to what to expect and how to deal with the stresses of relief work in an arduous environment.

The Sri Lankan Business Association became an important point of contact and support. Their associates in Colombo did the necessary information gathering and reconnaissance on our behalf and also prepared the logistic support we needed on the ground, including vehicles, water and food supplies. They established that medical reinforcement was needed in southern Sri Lanka – Galle and Matara. They found a relatively undamaged small hotel in Unawatuna, east of Galle, for our base camp. They contacted President Chandrika Kumaratunga and obtained quick approval for our team to enter the country. Temporary medical registration by the Sri Lankan Ministry of Health was sought, but immediately waived. They made contact with local government authorities and arranged for meetings ahead of our arrival. They also found medical students in Colombo to join us as interpreters. The Singapore Airlines came on board with 28 free return tickets to Colombo and four tons of free cargo space on the same flight. They also found a freighting company prepared to work pro bono. This rapidly growing network of partnerships within the private sector was what made this mission so efficiently prepared and executed.

We left for Colombo on New Year's Day.

DEATH AND DESTRUCTION

We were met in Colombo by a pre-arranged convoy of minibuses and a closed lorry and we proceeded towards Galle. The devastation was progressively worse as we headed south. At Payagala, a railway station had been swept away and the tracks mangled. All buildings near the coast had been destroyed. At Bentota, the community had been flattened and numerous boats were stranded on land. Hikkaduwa looked as if it had been carpet-bombed. Behind the remaining coconut trees, several railway carriages had been rolled over. Everywhere, we could see local military and police together with volunteers, masked and gloved, extricating bodies from the rubble and removing them.

Galle city was massively damaged to half a kilometre inland. The waves had crashed through successive rows of shop houses and homes leaving death and destruction in their wake. Only Galle Fort was relatively spared due to its massive walls. The town hall was largely spared, although the ground floor was an absolute mess. This was where the Mayor and Member of Parliament of Galle were located and where the emergency disaster relief coordinators worked. We immediately held meetings with them and medical officers of the municipality's Ministry of Health, to determine how best we could contribute to the relief effort. Although we were prepared to assist in Karapitiya Hospital, we were informed that there was no need, and that we could best contribute working in the community.

SURVIVORS AND STORIES

I split our team into two equi-potential surgical and medical teams, and deployed them in two of the largest internally displaced persons (IDP) camps in Galle. In Kategoda, 2000 people were squashed into the little classrooms of a community school. Some looked shell-shocked and had

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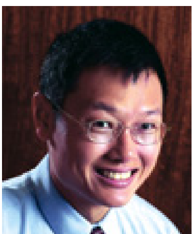

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blunted affect. Others were better adjusted and trying to live as normally as possible. There were many orphan children and government officers asked us to look out for signs of child abuse. The camp, like all the others, was quite well organised. There was water from a tanker everyday, food and clothes. The local political party JVP was active in distributing aid. In the middle of the compound under a tree, a cauldron of water was kept boiling all day. Makeshift water-seal toilets had been dug behind the school and a marquee provided more shelter. Government officials registered residents for personal and property losses. The other camp at Thalapitiya was very similar in nature. We were impressed by the degree of organisation barely a week into the disaster and the priorities that the government had set. The international media had tried to portray the situation in Sri Lanka being chaotic and desperate – this was not fair to the local government.

We set up clinics in a classroom and college hall, with waiting lines and triage stations outside. About half of the patients had illnesses and injuries directly related to the tsunami. There were abscesses to drain, infected wounds to clean and dress, foreign bodies from penetrating injuries to remove and fractures to plaster. Medical illnesses included gastroenteritis, although not in huge numbers, chest infections from inhaling water, skin infections and a collection of symptoms such as headache, insomnia and general un-wellness. The latter symptoms were related to post traumatic stress disorder (PTSD), and we dealt with these patients with compassion and a sympathetic ear. Serious patients, such as a middle-aged man with septic shock from a badly infected wound, was resuscitated by intravenous fluids and parenteral antibiotics before being sent to hospital in a three-wheeler taxi or 'put-put'. One young child was flaccid with dehydration from gastroenteritis and was also placed on drips. There were also serious wounds such as a de-gloving injury of the hand, which was operated upon in the clinic.

Waiting lines and triage stations outside the makeshift clinics.

While conditions in the camps were very basic and hygiene was difficult to maintain, we were well prepared. We had sterile disposable cloths to cover surfaces, gowns, masks and gloves for the team and disposable surgical kits. While operations had to be done with patients lying on mats on the floor or sitting in chairs, we did not compromise on aseptic techniques or quality of work done.

Stories of death and survival emerged from our patients as we treated them. One 11-month baby girl was swept into a treetop during the tsunami. Her cries attracted attention and she was saved. One young man climbed to the top of a coconut tree where he thought he was going to die – the waves were so tall, and he saw a wave sweep away several young boys playing by a river, where their bodies were found later. A family in a car was washed away without a trace. An elderly woman working in a beachfront restaurant was swept into a banana tree. She held on for dear life and survived with terrible injuries on her legs. Seven of her waitress colleagues, who were much younger, perished. A woman ran home to save her cats. They survived, but she drowned. In an orphanage with handicapped people, about 40 on wheelchairs could not run away and drowned at once. Their wheelchairs are now sitting in a devastated room of the orphanage, a sad memorial to their lost owners.

Morale was very high amongst the team, despite fatigue and lack of quality sleep. We were very well received wherever we worked. Some of us fell ill despite precautions. There were two cases of diarrhoea and vomiting and several cases of viral fever and bronchitis.

After three days, I moved one team further down the coast towards Matara. This city was not so badly damaged as it is further from the coast. However, the communities on either side were severely devastated. When the tsunami hit Matara, thousands of shoppers at the weekend waterfront market were washed into the sea and drowned. The nearby bus depot was also affected and several buses full of people were rolled over and over by the wave, killing some, drowning others and leaving the buses destroyed in the field next to the depot. In Matara, the Sri Lankan Red Cross Society facilitated our access in the IDP camps and liaised between us and the Matara health authorities.

At one of the clinics, people in the queue outside suddenly panicked and became hysterical and ran helter skelter downhill and away. One 7-year-old girl fainted and a 15-year-old boy had an epileptic seizure in front of us. We were stunned. Then we learned from the public health inspectors that word had suddenly spread that another tsunami was on the way. People were so edgy that even though we were 6 km from the sea and on high ground, they panicked and ran to save their families and belongings. It was clear that their post traumatic stress would last for some time to come.

CHANGING TIDES

By Day 10, the situation with the IDPs had changed. Many had moved out of the camps into the community. The most acutely injured and ill had been taken care of in hospital and by medical groups such as ours in the camps. The medical need of the communities was now changing towards care for

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more routine problems. It was time to change from a decentralised concept of medical support in the camps to a centralised concept where we set up clinics in rural hospitals to cover the population by area.

In Matara, we first worked in a community hospital in Medagoda. One of our teams took over the Korean medical team's work in the Thalalle rural hospital. In Galle, we helped to take the load off the A&E department and outpatient clinics of Karapitiya Hospital by setting up a medical and surgical clinic in the Town Hall of Galle.

The departing team met with Mr Tharman Shanmugaratnam, Minister for Education and Second Minister for Finance, at the Colombo airport.

Our role had changed to providing a bridge for the local community towards normal medical services. Only 5-10% of the patients we were now seeing were related to the tsunami. There were now more chronic problems such as knee arthritis, goitre, psoriasis, hypertension, diabetes and lice infestation. Some were not stable due to loss of medicines in the tsunami and unavailability of routine medical care. We obtained the necessary medicines from the municipal authorities and helped to distribute them. Whereas patients were no longer as acute, the locals reassured us that our presence was still very much appreciated. Just to see international doctors lifted their morale because they could feel that people from other nations cared for them in their time of distress.

We took the opportunity to see what else we could do in the ensuing months. The Mayor of Galle asked us to look at a maternity home in the community, which they wanted to convert into an obstetric and gynaecology hospital with operating facilities. The main maternity hospital of 450 beds in Galle had been rendered non-serviceable by the tsunami and they desperately needed a replacement facility.

Our remaining medical supplies were repacked into consignments designated for Karapitiya Hospital, rural hospitals in Matara and outpatient services in the area. In a simple farewell ceremony attended by local media, the Mayor and MP took over the supplies and thanked the Singapore team for our contribution to the disaster relief effort in Galle. They requested that we stay engaged with them in the near future to provide further help if possible. We promised to do so.

During this mission, we saw about 3000 patients in Galle and Matara. According to the MOH doctors in charge, we had helped them to cover about 40% of all the communities they were responsible for. It had been a whirlwind of activity, and everybody was exhausted and slightly numbed by our experiences. But we felt gratified that we had been of some real help. We also felt sobered by the knowledge that this was only the beginning of the recovery of the communities that had been hit by the tsunami. There was so much work ahead.

At the airport, we saw a poster thanking foreign teams for their assistance. The photograph on the poster was that of our Singapore team. It was a heartwarming salutation.

DEBRIEF

I believe that the elements of success of our mission began with the availability of experienced relief workers to construct a plan very quickly. Our national service experience was invaluable in this respect. We also realised the importance of undertaking many concurrent activities during the preparatory period. These included team and logistics preparation, vaccinations, information gathering, gaining approval from the host government, sorting airlines and cargo, ground liaison and logistics, and establishing contact with local officials.

It is very important to show respect for local authorities by working in coordination with them and establishing a two-way relationship on the ground. Diplomatic activity is part of relief work and I feel it important always to let local government officials and the people know that we are Singaporeans first, when they ask who we are, and that we are a part of the overall response of Singapore. Often, local officials do not have perfect information. Being in the field, we can help them to understand the situation better, and help prevent overlap of territory amongst international and local teams.

Not knowing what to expect initially, it is crucial to configure manpower and supplies to be as flexible as possible, allowing different modes of deployment. One must have a sufficient range and quantity of medicine and equipment to ensure quality practice even under unfavour-able conditions.

On the ground, it is valuable to work closely on a mutually supportive basis with other groups, such as World Vision and Red Cross whom we interacted closely with. As the situation evolves very rapidly, it is imperative to adapt quickly. I was seldom in the clinics myself, but spent most of my time doing forward reconnaissance, visiting camps and hospitals, meeting with health officials and other volunteer teams in the area, and determining where my teams should deploy next to be of greatest benefit. The team itself must be well managed, briefed to have realistic expectations and pre-counselled to prepare them for the psychological impact of their experiences.

Finally, it is as important to be in country in a timely fashion, as to know when to withdraw. ■