

By Dr Ng Wei Lik Jared

# My First Time – An Earth-shaking Experience



27 May 2006 was supposed to be the first time I would see my fiancée in a wedding dress. That Saturday, we made arrangements to go to a couple of bridal shops to look at their gowns. I was already on standby for the Singapore Armed Forces (SAF) in case Mount Merapi should erupt. “It cannot be such a coincidence that I will receive the call to go today,” I thought to myself as I left home.

At about 3 pm, while my fiancée was trying on a wedding dress, my mobile phone went off. It was the army, asking me to attend a briefing at 4.30 pm. I gave her a smile and a nod and she immediately understood. The two of us left hurriedly (after returning the dress, of course).

Prior to this operation, my knowledge concerning humanitarian aid and disaster relief was based on colleagues’ experiences and what I read in books and newspapers. I knew we had

to deal with all kinds of medical and surgical conditions using limited supplies of medications and equipment. During the briefing, we were informed that we would be dealing with trauma cases. I was doing my specialist training at the Institute of Mental Health at the time, and felt ill-prepared for the task. Nevertheless, I was keen to contribute in any way I could.

Two briefings and about half a day later, I sat in a C-130 for the first time in my life, with a team of men and women whom I would eventually get to know better over the course of the next 11 days in Indonesia.

When we arrived in Jogjakarta, one of the first things I noticed was an airport building which had collapsed. As our vehicles passed through the main town, we saw rubble everywhere. Canvas sheets draped over horizontal poles served as makeshift shelters for the homeless. Over the next

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few days, we grew accustomed to such sights – a testament to the widespread destruction caused by the earthquake.

The disaster also left its mark on the people. Many of those who came to our medical posts sustained fractures, deep lacerations and severe abrasions. Some of the wounds were so badly infected that their pungent odours lingered in the tents for hours. I had to perform simple surgical procedures that I had not done for a long time, such as fingernail avulsions, incision and drainage of abscesses, just to name a few.

I benefited greatly from this mission, both professionally and personally.

I witnessed hypervigilance and startle reactions first-hand – common symptoms in acute stress and post-traumatic stress disorders. Whenever there was a loud noise, the Indonesians at the medical posts would literally *jump* from their seats. The children appeared happy and playful, but when I asked them how they felt about the earthquake, they drew pictures depicting sadness and destruction. These images were similar to those I saw in textbooks, drawn by young victims of wars and natural disasters in other parts of the world. Because of my training, I was able to inform and educate the village representatives about the classical symptoms of psychological problems (for example, prolonged loss of appetite and suicidality) so they could recognise them easily and promptly send those affected to the relevant healthcare professionals.

My role as a medical officer gave me opportunities to manage surgical and orthopaedic cases, allowing me to gain invaluable experience and build up my confidence in handling such patients during future operations, as well as in the course of my daily work.

On a personal note, I cannot over-emphasise how important it is to work as a team. During our 11 days in Indonesia, I was extremely impressed with the level of cohesion demonstrated by all members of the group. From the drivers to the medics to the logisticians, everyone contributed their best and worked seamlessly towards a common goal, that is to provide humanitarian and medical relief to the victims of the earthquake.

I was also struck by the attitudes of the Indonesians affected by this disaster. They certainly are resilient people! As I accompanied the mobile medical teams to the villages, the rebuilding process had already begun. Able-bodied men cleared rubble in preparation for the construction of new houses, and people were getting on with their lives. Marketplaces were busy and noisy once more. Merchants tidied up their shops, displaying their goods and wares.

The Indonesians are also friendly and hospitable people. There were many instances when they would bring cakes or snacks for us at the deployment site. When we were at the villages with the mobile medical teams, the villagers prepared food and drinks for us. These were very significant gestures because despite having so little and losing so much, they still wanted to show their gratitude. I was profoundly touched by their kindness.

This trip was both rewarding and humbling. Managing casualties who presented with a combination of medical, surgical and psychological problems provided invaluable medical training, while interacting with fellow team members and locals allowed me to witness some of the best qualities of the human spirit. Above all, this mission has made me much more appreciative of life and my fellow human beings. ■