



*A house that has been destroyed by the tsunami.*

# Aiding Ampara

*By Dr Tay Miah Hiang and Dr Sheldon Lee*

The pandemonium of 26 December 2004 was an eye-watering visual experience for many people as it was for me. Witnessing the tides ripping through the coast and inland, the still unfathomable extent of destruction, the towering number of lives lost in various regions, the anguish and desperation of the survivors, I was guilty of harbouring thoughts of how fortunate I was not one of those holiday-makers in Phuket, and that Singapore has always been spared from natural catastrophes.

In the subsequent days, with repeated airing of the increasing devastation, rallies for medical volunteers on both radio and television, I felt a compelling sense of responsibility as a doctor to help. Thus, I seized the opportunity to volunteer with one of the NGO (non-government organisation) community services when I was approached to be part of the first response team and to leave for Sri Lanka within five days of signing up. The responsibility of the team was briefed and laid out before we left, which included determining the extent of medical help needed beyond the first team, and rolling out the first primary care service to the internally displaced people (IDP). A lot of ground work had already been done in Sri Lanka, in terms of appreciation of the degree of devastation, extent of displacement of surviving families, and types of assistance required. However, as we were the

first team to go, there were many uncertainties awaiting us before we left, including our accommodation.

The preparation for the trip was a hasty affair since we only had slightly less than a week before the actual departure date. This included ordering and purchasing medications from Colombo, getting appropriate vaccination and entry visa. The original team comprised four doctors, three nurses and five non-medical personnel, but was eventually trimmed to 10 people when one doctor and one nurse withdrew due to unforeseen circumstances.

We left Singapore on 7 January. In addition to the medication we ordered from various pharmaceutical companies in Colombo, another 5% was brought in from Singapore. Unfortunately, these medication were confiscated at the Colombo airport's immigration for "analysis"; they would be returned to us if found

appropriate. Till today, we still do not know what has become of the medication.

After spending a night in Colombo, we embarked on a 13-hour road journey, travelling through ravines, mountain ridges and unpaved roads before we arrived at our destination known as

Ampara, a relatively large district in Sri Lanka. Situated at the southeastern coast of the country, it was one of the worst hit regions by the tsunami – itself accounting for more than 10,000 deaths.



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*A typical consultation area converted from a classroom.*

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We made our base at a nursing home in Akkaraipathu, a district in Ampara, which was converted into a guest house due to lack of accommodation. Some team members slept on mattresses while the rest had our sleeping bags to keep us warm on the concrete floor. Mosquitoes were our constant companions and often left indelible marks on us in spite of insect repellent and mosquito coils which ran flat in the middle of the night. Fortunately, water facilities and decent latrines were available and no one complained despite the lack of a heater.



*Dr Lee performing a toilet and suture procedure on an eight-year-old boy with laceration lateral to the right eye.*

The first task was to make a stock check of available medications and meet the other teams which would be working with ours to provide primary healthcare. Amidst the different initial red tapes encountered (some with political intonation), we were assigned to do relief work in several IDP camps in the Kalmunai district of Ampara. The IDPs were placed in school compounds, many of which were overcrowded and had very poor sanitation. The normal daily routine for the team was to travel via road in the morning to a designated IDP camp, set up the mobile post for consultation, pharmacy counter with the van, and makeshift dressing corner for redressing of wounds. Language was a potential obstacle which was overcome with translators.

As the first team there to treat the locals, we were mostly overwhelmed by the number of people waiting to see us each day. On average, each of us saw about 80 to 100 patients a day, from 10 am to about 4 pm, after discounting time spent to travel and replenish medication at the storehouse. The most common conditions that sought our attention included psychosomatic pains and aches, diarrhoea, and upper respiratory tract infection. Others wanted reassurance that their infants suffered no

adverse effects after drinking the seawater, and some needed to replace medications for chronic ailments which were lost when the seawater swept inland.

Besides attending to medical needs, the team also ministered to the emotional needs of the IDPs as they also wanted someone to listen to and empathise with their plight as they recounted their losses in the calamity. While we bemoaned the tragic losses and suffering, we also heard amazing stories of survivals. One man held onto a coconut tree which stood its ground despite the bashing from five tidal waves, while a baby was found unscathed atop another

tree eight hours after the waves had receded after the first onslaught. An eight-year-old girl was literally pulled out from the brink of death – she was submerged in the water and unconscious, except for an arm sticking out of the water. During our time there, we also saw how resilient these people were despite the calamity, as they tried to get their lives back in perspective again.

In between visiting refugee camps, we also visited some disaster sites. In one of the coastal villages where the death toll amounted to more than 1000, almost all the houses within 800 metres from the coast were destroyed. Even as

far as a kilometre inland, the water markings on walls of remaining houses were above the average adult's height. At another site, a cemetery was completely washed aground; an old casket was sticking out of the ground and a piece of old femur was lying alongside it. As we stood at the beach looking out to the Indian Ocean, we could not fathom how such an enticing, picturesque and welcoming view could in a second become a monster of destruction, pain and suffering. What was particularly heart-wrenching was that a few survivors could still be spotted returning to whatever remained of their homes in the hope of finding surviving family members and personal possessions.

Although every team member made individual sacrifices for the trip, we unanimously agreed that it had definitely been worth the while to come out of our comfort zone to serve the unfortunate in our own capacity. Teasing a smile out of any IDP was a pleasure and joy to see, as was seeing our effort being welcomed in various heartwarming ways, like offerings of lunch and tea. One elderly IDP said: "We suffered because of Tsunami. But if not for Tsunami, we would not have known Singapore!"

We returned to Singapore on 16 January after the second medical team arrived to relieve us. ■