

Letter from Indonesia

Banda Aceh

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As I step up onto the stairs of my airplane, I look back once more and say thank you to Banda Aceh. Thank you for the experience. Thank you for sharing your stories, your pain, and your strength with me.

I have just spent 6 weeks doing humanitarian medical work in tsunami-devastated Banda Aceh. I feel very privileged and honoured to have worked there. I am sad to leave, but it is my time to go.

I worked in a tent field hospital. The closest that I could come to describing it would be to say that it was like watching scenes from the television show *M*A*S*H*. We lived, ate, and worked in tents. The helicopter landing pad was right beside the food tent, and the tent would shake when the helicopters landed. There was no privacy. We shared our tents with several others, including very large toads and the largest snails I have ever seen. Showers were scalding hot and communal. The days were very, very hot, and by the time we finished ward rounds at 9 AM, rivers of sweat poured down our backs and continued to do so for the rest of the day. I felt dirty and sticky all the time. Even after taking many precautions, I still managed to get sick. I experienced my first earthquake and found out that earthquakes are very regular occurrences there.

The devastation was more than any television camera could capture. Certainly, we all saw pictures of toppled buildings and crushed cars, but the cameras cannot capture the magnitude of the damage. It just goes on, and on, and on: kilometers, and kilometers, and more kilometers of devastation. On the second day we were there, we had



a tour of the city. After an hour, I had had enough. Body bags, piles of rubble, kids scavenging, looking for anything recognizable. Our tour was to last another 2 hours; I did not want to look anymore. How much more suffering could they endure?

When I left Canada to go to Banda Aceh, I asked myself the question: why do I do this kind of work? What is it that attracts someone to this sort of thing? It involves some of the most difficult challenges that I have ever had to face.

As a general practitioner, I was in charge of the outpatient and emergency department, and I also covered for those who looked after the medical patients (female, male, and pediatric) in the hospital. I had five other medical colleagues; I was the only North American. I wondered whether I would have the skills to do a good job. I soon found out that I was doing a lot of what I normally do as a family doctor in Canada, but also a lot more. Yes, sometimes there was uncertainty, but I knew that I had to try my best and use all of those skills that I had learned over the years. My tropical medicine training was very helpful, but so was my trauma

training, and equally important were all the skills that I use on a day-to-day basis as a family doctor in Canada.

The richest part of the experience was the people, the people of Banda Aceh. They were grateful, respectful, and when they were ready, they had stories. Oh, what stories they had to tell. The story of one new friend was heartbreaking. He saw his wife and 2-year-old daughter wash away with the first



tsunami wave, then found himself 3 km from his home on a mountain (after clutching a piece of the kitchen cupboard), where he lived for 3 days, eating coconuts. Finally, he sifted through the rubble to find the bodies of his wife, his parents, and his siblings; he never found his little daughter. He lost his home, his store, his entire family. But he keeps going. He has faith, and that is what keeps him going.

Another friend lost her husband, her dear father, and her home, and now lives on a dirt floor with a friend trying to feed her 6-year-old son. There were many stories about how people struggled in the water to survive and many stories of very complicated aspiration pneumonias as a result of it. We saw numerous infected wounds and fractures that had never been treated. In some ways it was very difficult to hear these stories, but I think that I was able to lend a therapeutic ear, and I sometimes felt that just acknowledging their feelings was even more helpful than any other intervention I could offer.

Why do I do this work? First, I feel proud that as a Canadian family doctor I have the skills to make a difference. My international colleagues commented on how many Canadian family doctors are very well trained for this type of work.

I think that when I know that someone appreciates even a little thing that I do for them, I will work to move the sky for them. When I hear a story about how patients struggled to survive, lost an entire family, and broke bones in the process, I feel empowered to do more. When I see them smile, after such hardship, I feel honoured to help them. It isn't just the tsunami that affected these people; like many people in the world, it is poverty. It is the discrepancy between rich and poor and the inequitable distribution of the world's resources. This is why I want to continue to be involved



in raising awareness of global health issues, and to ask others to look at the big picture when we think about health.

Will I do this again? Absolutely. Do I have any regrets about having done this type of work? None. For all these reasons, I will keep helping with disaster relief for as long as I possibly can, and probably even longer.

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