This doorway is the only remains of a comfortable house. In a matter of minutes those who had enjoyed relative comfort before the tsunami became refugees after the waves took everything away.

Ibrahim is a 10-year-old boy, who from a distance, looks like any other child of his age. He takes after his father’s lanky height and his mother’s gentle expressive face. Before the tsunami, Ibrahim was a happy child, doing well at school and popular with his friends. On Dec. 26, 2004, Ibrahim played with his baby brother and sister while his mother did the morning chores. Suddenly the tsunami struck and the baby was wrenched from Ibrahim’s arms and flung into the ocean. Submerged underwater, Ibrahim momentarily watched him tossed and sucked in by the huge waves. The powerful current then slammed Ibrahim against the power station where he clung tightly to the wall. The water rose around him, an invincible white foam of sand. His brother was gone. When the water receded, surviving families gathered in clumps for a head count. When their count stopped at four, this was Ibrahim’s first realization that his brother was lost. That afternoon, a boatman found the baby jammed against the coral reef.

Since that day, Ibrahim has been catatonic, refusing to eat and drink or go to school. He shuns his mother and clings to his father all day. Several times a day, he drops to the sand, unresponsive. His father taps his face and shakes him more vigorously, then simply picks him up and holds him close until he opens his eyes. Sometimes the father carries the boy to the health post, but realizing that there is nothing I can do for him except watch helplessly with the concerned crowd, he no longer comes. Ibrahim’s unresponsive episodes invariably trigger a wave of symptoms in other islanders, who arrive with chest pain, shortness of breath and headaches. They are actually

News of the Dec. 26, 2004, tsunami reached Ranjana Srivastava, MBBS, when she was visiting her parents in Bihar, India. An Australian doctor of Indian descent studying on a Fulbright scholarship at the University of Chicago’s MacLean Center for Clinical Medical Ethics, Srivastava immediately offered to go to the country’s battered southern coast to help. But she was told that India did not need “foreign” help — “words,” she recalls, “that still sting.”

Through the Commonwealth Service Abroad Programme, she soon went to Buruni, a tiny island in the Maldives, a nation of low-lying islands about 400 miles southwest of the southern tip of India. Coral reefs had protected many of the Maldives’ 1,192 tiny islands from the full force of the waves, but with an average elevation of a little more than 3 feet above sea level, they suffered massive damage from flooding.

Such was the case on Buruni, an isolated island 24 hours by boat from the Maldives’ capital. Buruni’s population tripled overnight as victims from other islands sought refuge there. Srivastava was the only doctor on the island of 1,500 people. Following are excerpts from the journal she kept there.

“In Sickness and in Health”

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I am struck by the unbelievable disparity between the privileges I certainly don’t require and the services that the islanders absolutely cannot do without. I keep turning in my mind how much we could achieve with a mere fraction of that money contributed to the islanders.

**INNOCENCE LOST**

Finally, a full moon has risen in the sky in its full splendor. On the beach, the beams of the moon strike the deep blue water before breaking into a thousand diamonds that dance on the calm surface. This is the stuff of love stories, the stuff of movies that bleed the heart. I walk along the beach, kicking up the sand and a figure waves and a friendly voice greets me. “Hello, doctor!” It belongs to a woman whose features are difficult to discern as she is sitting in the dark with her head covered by a cream-colored scarf. I walk up from the beach and point to the moon. “Ranggara” (nice). She lifts her foot in the air. “Roa” (pain). I grow at the juxtaposition of a brilliant moonlit night and a patient complaining of a painful foot. “Tomorrow,” I say, “tomorrow.”

The next morning, she limps into the chair beside me and unwraps a blackened bandage from her toe. Pus exudes freely from a wound, spilling over the nail. She withdraws from my gingerly touch. “How long?” I ask via my interpreter. “One month.” I look at her in the clear daylight. She is a slightly built woman in her 40s, her smooth complexion strained by lines that have yet to set in. There is something about her quiet demeanor that indicates tremendous dignity. Avoiding any ready admonishment on my lips I simply tell her that the wound will require daily dressing and antibiotics and move to my short routine.

“What water are you drinking?”

“Rain water with chlorine tablets, doctor.”

“Good!” I glance triumphantly at the interpreter. “Are you cleaning your toilet, and with what?”

“Es, with water. We don’t have chlorine en blanc.”

“Our clinic has a bit of chlorine left. We will give you some.”

I look up as if I have heard a gun shot. Before the tsunami, she lived with her family in a spacious four-bedroom house with modern amenities. Her husband worked and they spent their money on educating their many children, some of whom went on to find jobs. “When I opened my eyes after the tsunami, everything had been swept away, only the father’s roof told me where my house had been,” she says with her eyes half closed. The family boarded an evacuation boat and a figure waves and a catatonic and severely traumatized child cannot access aid, which will define the rest of his life. I regularly see cases somewhat less dramatic than Ibrahim’s but nevertheless equally needing interventions not available on this island. Each patient is corduroy to this island, resigned to undressed disease, at the mercy of passing boats. After a particularly important day of seeing islanders, I wondered what would happen if a healthy, well-nourished, adequately housed and clothed volunteer like me were to fall sick. Never having looked at the insurance cartons marked with foreign aid litter the streets. For many weeks, I have wondered what the common man makes of it all, but found it difficult to elicit an opinion from the reserved natives. Her frankness compels me to try again.

“What do you think of all the activity on this island?”

“There is certainly a lot of it, isn’t there?” Her silvery voice clamps with sarcasm.

“Has it made a difference to you?”

She swings her head in her seat to face the window. My eyes, following hers, take in the bustling groups of soldiers, officials and people walking here and there, intent with purpose. She looks at them for a long time before facing me resolutely.

“Do you think I’m better off after two months, the answer is no.”

Her confidence of my suspicion falls like an axe against my indubitably held notions about disaster aid. I feel like a child whose candy has been snatched from the hand and who is still deciding whether to cry or let it go. Although a single statement has cracked my naive theories about disaster aid and spawned a hundred questions, I concede to myself that she has answered enough; the next round of soul-searching must belong to donors, aid organizations and government bodies.

**“mama”**

The consultation starts as many others, while on an evening walk. A volunteer calls out of a doorless house, “Doctor, I think you should see this patient.” She has been coughing a lot and is in pain. A diminutive and weakened figure towers in the dark-lit room, doubled up in pain, breathing rapidly. I quickly let her down on the bare mattress on the floor as she pats at her lower abdomen. I recall seeing the elderly woman only a few days ago when she was described as the matriarch who kept the household on its toes in spite of her 80 years. Then, she had come to the island’s social center, which had two rooms. Within a day, there were 30 others taking shelter in the center, which did not have a toilet of its own.

“When you saw the others coming, did you think of saying that the house was full?” I inquire.

“How can you do this to people who are destroyed? They were our neighbors and friends,” I am touched by her innocence in the midst of crisis.

“But perhaps they could have stayed in tents?” I press.

“There was nothing else, doctor.” The numbers continued to swell, rising to 71 last week, still without a toilet.

“How do you move inside the house?”

“Is there any fight?”

“What is there to fight over?”

Today marks the two-month anniversary of the tsunami. Since that date, countless people have come and gone from the island. Soaring speeches have been delivered and many more committees formed. Cartons marked with foreign aid litter the streets. For many weeks, I have wondered what the common man makes of it all, but found it difficult to elicit an opinion from the reserved natives. Her frankness compels me to try again.

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“If you are asking me if I’m better off after two months, the answer is no.”

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A nurse rushes in to find me with the patient cold and clammy; her sweaty face dripping like a tap. “What resuscitation drugs do we have?” She brings in the tray that rattles with useless vials of antacid and paracetamol and a handful of suppositories. I make a mental note to remind the health ministry of the true ingredients of a tray labeled “Emergency.” “I saw some tablets of steroids,” I remind her. She goes back and returns with these as well as a vial of intravenous hydrocortisone. I pounce at the first useful drug on the scene, telling her to empty its contents into the IV.

“Doctor, we have only three of those,” she tells me in a small voice. “Then we will use all three and hope she doesn’t need more.”

The patient’s body flops in her daughter’s embrace, the wheezing and gasping more intense. Every breath is an uphill battle. “This is why we need oxygen,” mutters the interpreter.

I listen for a long time for the gurgling sounds of bowel — I hear none. “It is back,” her son says pointedly.

I examine her abdomen, more painful and distended since last night. “How is your pain?” I ask her.

Her daughters stay on each side of her, caressing her face and back. They look at each other and then at me. The son speaks, “Doctor, we are happy with what you have done.” I stay quiet knowing exactly where he is heading. “But we want to take her somewhere else where there is oxygen and medicine.”

I look at their sleepless eyes, red with already accumulating grief, their faces overcast with desolation and realize that they want to take her everywhere as much for the sake of her health as their consciences. My heart aches for them in their time of decision.

“How will you get her there?”

“We have hired a boat.”

This is no easy task. They must have negotiated for a long time.

“We have hired a boat. It will have oxygen.”

“Yes, but perhaps not much more.”

About to launch into a lengthy exposition about the risks versus benefits of taking a critically ill woman on the open sea in an unprotected boat, I stop. Recognizing the parallel worlds of my objective thoughts and the intolerable burden of their grief, I answer, “I think you should take her.”

“Yes. Call me when you get there. I will speak to your doctor.”

At 10:30 a.m. she is loaded into a stretcher and carried to the jetty where she is delicately placed on a mattress and loaded into the boat. A quiet and shocked crowd wares her goodbye. At 11:30 a.m., in the middle of the ocean, she drinks a sip of water, closes her eyes and dies.

In order to bury her before sunset, they land the boat on an unfamiliar island. “Are you sure?”

Around midnight, her lungs slowly begin to turn the corner. The where subsides and she has become quieter. A silent chest can be an ominous sign but she says she feels better, so I go along with her. She accepts a sip of coconut juice and walks to the bathroom. Exhausted, she sits down again, puts her head in her hands and hugs some pillows. Her daughters stay on each side of her, caressing her face and back. I fall asleep in my room next door, leaving the staff with a clear set of instructions to wake me up at the slightest concern. I sleep fitfully, their combined inexperience serving no comfort. But when I wake up she is still alive, leaving me to marvel at her constitution. She is still taking shallow breaths but is no longer gasping for air. Although I know the truth, I find it a little more palatable to say she can do without oxygen.

“How is your pain?” I ask her.

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I examine her abdomen, more painful and distended since last night. I listen for a long time for the gurgling sounds of bowel — I hear none. “How is your pain?” I ask her. “No, I am afraid not.”

I take one look at the patient who looks as if she might breathe her last. “Then she might need to go somewhere else where they have oxygen.”

“How much oxygen?”

“No, I am afraid not.”

“Even one tank?”

“No, this island was never supplied with any.”

“Then she might need to go somewhere else where they have oxygen.”

I take one look at the patient who looks as if she might breathe her last minute and turn to him. “She would die from the effort of moving from this bed to the next.”

“I see that bad, doctor?”

“Yes.”

“Allah, help us!”

As the moon rose, her daughter stroke her back and tell her to calm down, much easier said than done. Their mother has developed an acute anaphylactic reaction to something in the panoply of drugs she received and she is in extremis.

In the next few minutes, two antibiotics and a small bag of fluid has been delivered, along with assorted painkillers.

“Doctor, I can’t breathe,” she reports, sitting bolt upright. “I will walk there,” she says. “I can walk.”

Hanging on to her, I stop. Recognizing the parallel worlds of my objective thoughts and the intolerable burden of their grief, I answer, “I think you should take her.”

“Do you have any oxygen, doctor?”

“No, I am afraid not.”

“For you save?”

“No.”

“We have hired a boat.”

This is no easy task. They must have negotiated for a long time.

“We have hired a boat. It will have oxygen.”

“Yes, but perhaps not much more.”

“I saw much suffering and realized quickly that one large obstacle to adequate health care was the lack of a dedicated boat,” Srivastava said after spending six weeks on the island of Buruni. After months of fund raising, Srivastava not only donated a new boat — named Hadiyah, meaning “gift,” painted in crimson — to the islanders, but also enough money to fuel and subsidize the transport for one year. The 17-foot-long speedboat, built in the Maldives, can carry six passengers at a time to the regional hospital on Veymandoo, an island less than an hour away by boat. According to the then Minister of Atolls Development Abdulla Hameed, this is the first time that an individual volunteer has made such a significant contribution to the community.

“I think you should take her.”

Back on this island, the rest of the family receives a short phone call to say that mama is dead; they will be home as soon as they can.

“Is it that bad, doctor?”

“Oh, all in extremis.”

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“In a foreign land”

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