

at the mercy of the sea

BY RANJANA SRIVASTAVA, MBBS

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.



Right: 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.

"IN SICKNESS AND IN HEALTH"

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



Above: Sitting on his father's lap, Ibrahim barely spoke to anyone for months after the tsunami killed his baby brother. His parents' possessions were robbed while they buried the baby. Right: Devastation throughout the island of Buruni. Below: a woman with untreated and painful leg ulcers that required debridement, antibiotics and consistent medical care. Skilled assistance and medications were both in short supply.



interested in just one question: What am I doing about Ibrahim?

Ibrahim's parents have not had a night of good sleep since the tsunami. His father frets about the effect of worrying on his own heart disease. "The specialist said to keep worry away," he says, his clouded eyes conveying the irony. Ibrahim's mother keeps asking his father if he is sure he buried a dead baby. She had refused to see his dead body. Every day, they ask if help will arrive today. Psychological counseling is available only in the capital. The capital is two days away. There is no boat. Our calls promise that transport is being arranged, but resources are strained. "Maybe today, maybe tonight," spoken haltingly through a rare interpreter seems so woefully inadequate that I avoid and further isolate his parents.

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 meriting interventions not available on this island. Each patient is confined to this island, resigned to unaddressed disease, at the mercy of passing boats. After a particularly impotent 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 contract, I dug out the thick document from the bottom of my bags.

I am insured for a sum of \$10 million. In case of serious illness, I will be transported out of the island to the nearest major facility. I am also entitled to compensation by the hour for delayed luggage, hijack, detention, travel delay and passport loss in the process.

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. "Rangaru" (nice). She lifts her foot in the air. "Risa" (pain). I groan 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 escapes 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; swallowing the 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?"

"Yes, with water. We don't have chlorine or bleach."

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

Busily writing notes, I ask the interpreter, "How many people are using the toilet?" I have resorted to rationing our small chlorine supply after having no luck in securing any more cleaning supplies for weeks. Her answer does not require translation.

"There are 71 of us."

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 washed away, only the fallen roof told me where my house had been," she says with her eyes half closed. The family boarded an evacuation boat only with what they were wearing and landed on this island. As some of the first to arrive, they were taken 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?"

"As you would over corpses."

"Does anyone 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.

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

"There is certainly a lot of it, isn't there?" Her silvery voice clangs with sarcasm.

"Has it made a difference to you?"

She swings around 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.

"If you are asking me if I'm better off after two months, the answer is no."

Her confirmation of my suspicion falls like an axe against my indulgently 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 wizened figure hovers in the dusk-lit room, doubled up in pain, breathing rapidly. We quickly lie her down on the bare mattress on the floor as she jabs 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 with sunken eyes and coated tongue, another victim of gastroenteritis,



Left: This small jetty, which was partially destroyed by the tsunami, was the lifeline between Buruni and the capital, Malé. The small size and the shallow water around it prevented large vessels from delivering aid. *Above:* A school principal rummages through the remains of his childhood home, where many schoolbooks were stored. *Opposite page:* Srivastava (right) attempts to treat a man, newly diagnosed with diabetes, but the meager amount of drugs provided to the health center made treatment impossible.

Around midnight, her lungs slowly begin to turn the corner. The wheeze 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.

“*It is back,*” her son says pointedly.

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. Without the benefit of tests, I make a clinical diagnosis of a bowel obstruction. Taking the son and the two daughters aside, I tell them that their mother is seriously ill.

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 elsewhere 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.

“Can I ask you to not hold any great expectation of another hospital?”

“*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 old 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.”

“*Are you sure?*”

“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 waves 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 and carry out the funeral proceedings in an unknown cemetery. 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.

and upon hearing how active and sprightly she had been only days ago, I had treated her symptoms aggressively. She had returned for follow-up feeling much improved. Now this, after only a short interval. I tell the family that we need to carry her to the clinic.

“*I will walk there,*” the matriarch says. “*I can walk.*” Hanging on tightly to our arms, she huffs and puffs her way the short distance to the clinic where we lift her on to a bed. She is dehydrated and febrile. It is difficult to extract a coherent history from the family, which starts to pile into the small room by the dozens.

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

“*Doctor, I can't breathe,*” she reports, sitting bolt upright.

“It's the infection,” I explain, moving to her back to listen to her lungs. I step back from the task filled with alarm. Her lungs, just now satisfactory, are suddenly filled with a cacophony of sounds. Polyphonic wheezing rocks her chest and she gasps for air. Her two daughters 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.

The 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 these,*” she tells me in a small voice.

“Then we will use all three and hope she doesn't need any 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.

The woman's son, a prominent elder, catches on. “*Do you have any oxygen, doctor?*”

“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 any minute and turn to him.

“She would die from the effort of moving from this bed to the next.”

“*Is it that bad, doctor?*”

“Yes.”

“*Allah, help us!*”

“IN a FOREIGN LAND”

During my six weeks in the Maldives, I never once stopped thinking that I could have been helping in my own country. The feeling was exacerbated when local islanders thanked me for coming to their assistance in a foreign land when neighboring India had suffered such loss. However, once faced with sick patients, their country of origin became immaterial, outweighed by the enormity of their grief. Foreign lands there may be, but there is no foreign suffering.

“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.

