

The tacit expression: Pakistan floods 2010

Mohammad Bilal
5th Year Medical Student
Army Medical College
National University of Science and Technology
Pakistan

Daniyal Asim
3rd Year Medical Student
Army Medical College
National University of Science and Technology
Pakistan

Mohammad Bilal is the President of Amcolians' Undergraduate Research Forum (AURF) at the Army Medical College, National University of Science and Technology, Pakistan; and the Editor of the Journal of Pakistan Medical Students. He along with his fellow mates express what they witnessed and felt during the relief work carried out during the devastating floods in Pakistan.

Daniyal Asim is an enthusiastic volunteer always willing for any social work and considers it the basis of his profession. Although being involved in social work from his school days, the floods in his homeland have really moved him.

Aun Raza Shah is also active in research and is the General Secretary of AURF. He is a great writer but even he believes after the floods that the word is not the feeling.

Javaid Usman is the Director of the AURF. He is the inspiration behind the students excelling in research at the Army Medical College. An excellent teacher, he keeps the college students motivated in academics, co-curricular, research and social work activities.



Aun Raza Shah
5th Year Medical Student
Army Medical College
National University of Science and Technology
Pakistan

Javaid Usman
Head of Microbiology
Army Medical College
National University of Science and Technology
Pakistan

"The word is not the feeling" (Anon). This quote made an immediate and tremendous impact the moment I read it, but it was not until a couple of months ago that I began to understand what it really meant.

"This place used to be my house, these fields were lush green, my grandfather had planted a tree here and I lost my only son."

These were some of the sentiments that echoed across Pakistan during the floods of 2010.

They say that the biggest stress known to man is the loss of a child followed by the loss of his home. I do not know how to describe the feelings of the man who wakes up one fine morning, has breakfast in the house that he built with years of struggle and hard work, and drops his child to school. Then returns home to sirens signalling imminent flooding and house evacuation, and has no idea where to go. In a matter of hours, suddenly, he is all alone in the world, without a place to cover his head. This is how life changed one day for a large number of people.

It was the month of July 2010 when the ruthless water started its journey, a journey that would damage half of Pakistan before it poured finally into the Arabian Sea. The floods started after a series of torrential monsoon rains which spanned all regions of the country and affected widespread areas. The combined rainfall for July and August produced a body of water moving southwards that was equal in area to the entire landmass of the United Kingdom. On a single day, (July 30) the northern city of Peshawar

recorded 274 mm of rain. The floods hit 79 of the 124 districts of Pakistan affecting an estimated 20.2 million people. Nearly two million houses were damaged or destroyed and at least seven million people are still without shelter. The death toll has been close to 2,000. More than 62,000 students have been affected and are now attending make-shift schools in displacement camps. Structural damages in the flood have been estimated to exceed \$4 billion; and wheat crops damage over \$500 million. Officials estimate the total economic impact to be close to \$43 billion. The United Nations Secretary-General Ban Ki-moon, after having visited some of the flood hit areas, stated that this was the worst disaster he had ever seen. In short, the number of individuals affected by the flooding exceeds the combined total number of individuals affected by the 2004 Indian Ocean tsunami, the 2005 Kashmir earthquake and the 2010 Haiti earthquake.¹

Addressing the massive task of putting it all back together again would daunt the best-prepared and funded of governments. Ours was neither. Every resource had to be stretched to its limit to ensure that efforts were fruitful. It warranted solidarity not only at the government or organization level, but also at an individual level. To help those affected, various government departments, the armed forces, NGOs, the international community, students and citizens all came together and united under the banner of providing relief.

We, the students of final, fourth and third year MBBS at the Army Medical College, volunteered our humble services under the arrangements of our college's alumni, the Amcolian Alumni Association (the final year class being officially designated). Ours was a twenty strong student team supporting our senior doctors from various specialties including general medicine, surgery, ophthalmology, ENT and dermatology.

Our first visit was to the city of Nowshera, about 120 kilometres in the north of the federal capital Islamabad. It was totally submerged in water and most of it was damaged beyond local repair. We arranged a free medical camp and facilitated specialist consultations and distribution of medicine. We also distributed some items of basic needs like clothes, bed sheets, pillows and bottled drinking water.

After the initial first week, it was back to the drawing board to devise a plan to set up medical camps where the victims could be provided medical support along with food supplies and drinking water. Our first target was the city of Nowshera, Khyber Pakhtunkhwa. This city was completely submerged and most of it was destroyed beyond repair. Medical students were enlisted to provide manpower to carry the equipment to where it was needed. Patient profiling was done to divert the long list of patients to the respective specialists. Free medicine was also provided at a makeshift pharmacy.

Another essential task for the medical students was to provide awareness of various diseases and sanitation to the locals. The locals were educated about various diseases such as viral conjunctivitis and how it is transmitted; they were taught about sanitation and hygiene; they were warned about possible diseases that may show up soon such as malaria and cholera and how to preempt and avoid them; they were also taught about the need to have proper drinking water and given chlorine tablets to sterilise the water. Pamphlets and directions were also given in their native language to convey the message with full effectiveness. Around 500 patients, male and female were seen by the respective specialists. Most patients suffered from diarrhoea, scabies or conjunctivitis which had spread rapidly due to floods and reduced hygiene.

Another day camp that was setup was in the village Mohib Banda, Charsadda, Khyber Pakhtunkhwa. This town had also been damaged to quite an extent and there was no local hospital available to provide medical assistance. Specialist doctors, medical students, medical supplies and food items were taken along to set up a makeshift camp in a mosque in this village. Two teams were made so that one could distribute the food and water supplies fairly while the other could effectively run the medical camp. Medical students were once again in charge of patient profiling, ushering patients to the respective specialist and explaining drug prescriptions. Another vital role was to spread awareness of the possible flood related diseases, hygiene, sanitation and proper drinking water. Counselling was provided to help people work with their losses and feel more optimistic

about the future. Medicines were also provided, free of cost to all the patients.

The turnout was impressive and around 700 patients, male and female were seen and treated by the doctors. Most people suffered from diarrhoea, viral conjunctivitis and scabies and other forms of skin infections. On the way back, the area was also surveyed for future rehabilitation purposes to provide aid and construct houses for those affected.

Since the area of Charsadda was so badly affected, a need was identified and additional camps were set up in that region. This time the resources were carefully planned and the doctors and medical student volunteers were split into three teams to set up three different medical camps. One camp was set up in a village in Nowshera while two camps were set up in different villages in Charsadda. In the village of Gohar Abad in Charsadda, a medical camp was set up in an old house where separate areas were divided to see male and female patients. A temporary pharmacy was also set up to provide patients with the prescribed medications free of cost. Around 450 patients were seen from the village. Most patients presented with gastroenteritis, skin infections and throat infections. The other two camps set up also saw a similar amount of patients and in total around 1400 patients were seen in the three different camps.

Even though there is still a lot to be done, everyone is putting in their best effort. The Army provided relief by supplying goods, manpower and doctors to even the most remote areas. The NGOs helped by donating goods for the relief camps and providing doctors for medical support.

We the medical students were important in our own way and helped to the best of our ability, commuting to different areas for five consecutive Sundays as well as also having regular academic sessions at the college. We helped around 2500 patients at these camps. It is indeed nothing considering the magnitude of the problem, but the spirit of our doctors and particularly my young colleagues, in working tirelessly in the hot and humid weather while fasting (it was the month of Ramadan), was very admirable.

In medical terms, this hands-on experience taught us the basics about epidemiology, diagnosis, treatment /management and prioritising of post-flood diseases which would have otherwise taken many weeks, a number of text books and teaching. More importantly were the intangible and unimaginable experiences which hardly any curricula at our level attempts to address.

The biggest lesson was on a humane level. This flood has created suffering and unforgettable horrifying memories for three generations. What we did was to help relieve the physical symptoms only. The deeper scars were untold and it made us realise how limited our vocabulary can really be.

Ever since our first visit to these places, the most striking thing has been the emotional trauma expressed through the eyes of those people who experienced so much loss.

Even now, everytime I wake up early and don't feel like getting out of my warm bed, I look up and see the roof of my house and think of those people who wake up and see the dirty tent as their only cover. I get up and try to think how they would feel and all that comes to my mind is that "words cannot describe these feelings".

Our enthusiasm has not been exhausted and we are still as enthusiastic and willing to participate in the next phase of the rehabilitation process, which is to provide shelter and reconstruction of the devastated areas. One day all these experience and knowledge that we the medical students have gained will show up in our work and will no doubt make us become more competent and able doctors.

REFERENCES

- I. Khan, A. UN Number affected by Pakistan floods exceeds those of tsunami, Haiti, and Kashmir quakes Sukkur:Associated Press, 2010. [Accessed 9 Aug 2010]; www.foxnews.com/world/2010/08/09/anger-grows-southern-pakistan-flood-victims-demand-government-help/