

ataxic and nearly fell over. She had marked torticollis (stiff head turned towards the right) with a left lateral gaze. My immediate impression was that she had a neurological problem. With limited resources, I did a detailed history and examination. It turned out that she had been treated with Prochlorperazine (Stemetil) for nausea and vomiting two days ago and that she was developing a hypersensitivity reaction to the medication. After consulting the pharmacist, we found out that we had to give Benztropine. Unfortunately the hospital had no more supply of this! So we had to get her father to drive into town to a community pharmacy to buy the Benztropine. Meanwhile, the girl was getting very scared and crying. I have to admit I was feeling worried as well. To add to the situation, a priest arrived and started praying for the girl with the family. Finally her father arrived and we gave the Benztropine, which thankfully resolved things.

In the afternoon I would often work in the outpatients with another doctor. We would have very large clinics often seeing 40 plus people in an afternoon. These clinics were general medical, surgical and diabetes. Diabetes and heart disease, like in the western world, is a major problem in Fiji. We would often see patients at each clinic that had blood sugars over 35mmol! The Indian population seem to be affected just as much as the Fijian population. Public and preventive health is an area that will need to be targeted, though it is difficult to advise a sugar cane farmer who works 12 hours a day about diet and exercise!

The Fijian people have to be the friendliest people I have met. They seldom complain and are always smiling. I became very good friends with the staff and got to know many of my patients. I used to run through the villages after work and often people would yell after me "hello doctor!" or "my stomach is better now!" I thoroughly enjoyed my time in Fiji. I will hopefully do part of my elective in Tonga and I would like to go back to the Pacific Islands to help in the future.

I think every medical student should go at least once in their career to a country with limited resources. It puts your medicine in perspective. It makes you realise the resources you have, and emphasizes the importance of the basics of history taking and examination. For me the experience has made me think a lot about my career in medicine and the differences in health care in the world. I feel privileged to be part of a profession that is able to make a difference to the quality of life of many people.

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Top: a traditional Fijian ceremony.

Bottom: a village dance on Nacula island.



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mosquito that spent a happy night consuming only to find himself trapped and doomed; tragic for me, who spent the night being consumed for no ultimate purpose. I would rather make the sacrifice for a cause although the cause of mosquito reproduction is not one of my priorities. Are our causes worth more? Are our happy days consuming worth more?

I feel sad to be leaving Banda Aceh, but happy to be going home; a sense of fulfillment for what has been achieved, but also a sense that I am leaving unfinished work, a story without an ending. It has only been three months after the tsunami that claimed the lives of 140,000 Acehnese lives. It will be years before the wounds that remain can heal. Since arriving in Banda Aceh nearly four weeks ago my ideas of reality and life have been seriously challenged. The day after arriving I saw the unbelievable sight of a steel hulled barge – larger than an Olympic size swimming pool – that had been picked up by the tsunami, swept over roads, houses, trees and deposited, in a suburb three kilometers inland. I met people who had lost their entire families on Boxing Day of 2004, while I was still digesting the turkey and alcohol from the day before – and yet they knew how to laugh, to cry, and to sing. I worked with people who were so grateful to be able to do something for their neighbours, grateful to have work, and grateful that we had come to help

that they would shower us with praise, food, transport, gifts and love.

On the flight to Banda Aceh nearly four weeks ago I was sitting next to a medical specialist – an eye surgeon from Jakarta – with a preference for retinal surgery over corneal surgery. "To an eye doctor, the cornea is to the retina what a wife is to a girlfriend. With a girlfriend you never know what to expect. There always seems to be surprises and you have to tread carefully. With a wife, things are predictable, domestic and, well, to be honest, boring!" And the guy is still married!

Leaving Banda Aceh today I sit next to a critical care specialist. Bahman is an Iranian, with a United States passport who lives in New Zealand. He's quite a passionate man with a passion for environmental health and a passionate dislike of George W. Bush. Over twenty years ago, Bahman left Iran because of Saddam Hussein; eighteen months ago, he left the United States because of George W. Bush. Together we had great discussions and many laughs.

Looking out of the airplane window, I see Jakarta – large, sprawling, flat and overcrowded. Until recently, it had the dubious reputation of being the largest city in the world without an organized sewage system. Having taken off from Jakarta airport fifteen minutes ago I see densely

## FEATURE : OPINION

# Leaving Banda Aceh

Dr Steve Tripp  
Medical Teaching Fellow  
Department of Physiology  
University of Otago

Steve Tripp is a medical doctor who works for the University of Otago Physiology Department as a Medical Teaching Fellow, and as a locum House Surgeon for Dunedin Public Hospital. Steve has an interest in public health, with a particular interest in community development in the third world. He is currently planning to move to Cambodia in 2006 to work in community development.

I woke up this morning at 5AM with three mosques seemingly competing for my attention. I could swear they had crept up in the night and were directly parked outside my tent. After half an hour the Islamic prayer calls were winding down and so some Christians started up with their praise music. They had only stopped at midnight the night before! I was just dropping off back to sleep at 6:30 and there was a bloody earthquake! God, if you're trying to get my attention, can't you give me dreams and visions in my sleep! I gave up and got up.

There's something tragic about waking up in the morning and squashing a fat, bloody, mosquito on the inside of your net! Tragic for the





populated areas below. This is the island of Java, where many of Indonesia's quarter billion people live.

When sacrificing our blood, sweat, and tears for a cause, I guess we can never know if it will ultimately make a difference. But we have to hope that it will. I've had to do that over the last few days especially. Even though there is no definite sign that our efforts will continue we have had to move ahead as if they will. Servants to Asia's Urban Poor, the non-governmental organization I came here with, had two objectives for our short time here. The first was medical relief work. The second, to develop and initiate a plan for long-term community development work; specifically helping the Acehese people to help themselves – walking alongside them as they rebuild their lives.

The first goal was straightforward, immediate – responding to a sense of urgency. Working with interpreters I saw up to eighty patients a day, dispensing medications, giving advice, and listening to stories in various clinics. I also assisted in distributing food and hygiene kits, and water and sanitation provision, in order to provide minimum standards in the affected areas. Seeking to reach the more isolated areas I joined a team that traveled on one of the few remaining fishing boats to an area 7 hours down the west coast of Sumatra. There we

lived for ten days, in tents with no mattresses, no plumbing, no electricity – not even Internet access or a good cafe. Living like the refugees we distributed food to, we ate fish and rice three times a day. The well water tasted salty and seemed a little too close to the latrines for my liking. It felt like a luxury when a passing boat dropped off a supply of bottled water and some Australian army food ration packs – even if they were two years past their use-by date – mmmm, Vegemite on crackers!

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Wading through the leech infested waters on the way to Padang. There was a road and bridge here before the tsunami.

Being the only doctor at the camp presented some challenges. Along with the two nurses and the midwife who made up the healthcare team we were a versatile bunch acting as pharmacists, occupational therapists, physiotherapists and nutritionists as required. Creativity was a very valuable virtue in treating diverse illnesses with a limited range of medications and equipment and also in other tasks such as designing medication shelves (made from felled coconut trees) that could fit in a tent.

While based at this camp we moved around the area holding mobile medical clinics in areas that were isolated by the loss of roads and administrative services including healthcare. This was on top of the isolation that these areas were subjected to before the tsunami because of the civil war in this region. Not all the needs we dealt with were tsunami related and perhaps the most meaningful clinical experience I have ever had was in helping seventeen-year-old Anwar. Anwar lived in Padang, a village a few kilometers inland. For two hours we had walked, rafted and waded through leech infested waters to reach Padang to provide a mobile medical clinic. Although only just touched by the actual tsunami waters, Padang was one of the many villages that had been directly affected through the loss of roads and infrastructure. Two years ago Anwar had fallen out of a tree, broken his back and been paralyzed from the waist down. For two years he was carried everywhere. For two years he barely moved a muscle in his body. When I met him he greeted me with, "I want to walk!"

Doctors had passed by – sometimes offering empty promises of a neurosurgery referral or a CT scan – but nothing had happened. No one could provide the miracle that Anwar was hoping for. After hearing his story my first comment dashed his hopes entirely. "You will never walk again." Was I callous? I felt it. I felt irrelevant, maybe much like the doctors that had been past before. But then Anwar said, "If I can't walk, I can't work", and the full tragedy of this situation hit me. Anwar had been hoping for one sort of miracle. Restoration of what was lost. No one had helped him to work towards making the most of what he still had. There was no wheelchair. He had never even heard of one and had no upper body strength needed to use one. He was also suffering from malnutrition, urinary incontinence, and constipation, and was also covered in pressure sores from lying day and night on a hard wooden bed without being able to move himself.

We dressed his ulcers, gave advice, provided nutritional supplements and encouraged his family to build a frame over his bed to help him exercise. Within four days his upper body strength improved so that he could prop himself up in bed, roll himself over, shift his own legs, and even move around the room for the first time in two years. Meanwhile, back in Banda Aceh another miracle had occurred, someone was giving him a wheelchair. For the first time in two years Anwar could be independently mobile. Anwar will never walk but he can work. He can still be involved in his community creatively contributing in ways that are uniquely his.

The second goal – developing projects including ongoing public health initiatives, such as health education, water and latrine provision for schools, and income generating projects – was not so straightforward and required stepping out into the unknown. I had to attend meetings with government officials and develop plans as if what we hope for will happen. I operated as if we will have the people available to continue. I operated as if we will be allowed to stay. I operated as if we will have the people and resources to continue; as if we will be allowed to stay. I have shifted beyond a purely evidence-based practice to a practice that includes risk, faith and vision – and it excites me.

There were a couple of reasonable earthquakes over the last couple of days. Lying in my tent this morning at 6:30, I felt slightly nauseous with the motion of the earthquake. It gave me the feeling of floating, as if sitting on my surfboard just beyond the break. The realization hit me; we are floating. We live on tectonic plates floating on the Earth's surface. We don't have control. We spend so much of our time, money and energy in trying to gain control of the world around us, to gain for ourselves security over our own destiny.

When will we learn to seek harmony with our world – to move when she moves, to sway when she sways? Why do we continue to be confrontational, to come up against our planet in conflict, trying to overpower and subdue it? We are not in control. We are simply walking on water, floating on a sea of lava. In spite of our technology, our centuries of scientific progress, we need to acknowledge that control can only belong to a force much greater than we will ever be.



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