

Mumbai psychiatrist went for relief work. Returns traumatised

[First-hand account] Dr Vishal Sawant relates how he was unable to sleep, smile or function following the experience.

(As told to Karishma Attari)

We were a team of seven specialist doctors and two volunteers who decided to go with our instincts and whatever else we could put together in a 24-hour notice period, and fly on April 30 to offer voluntary aid in Sindhupalchowk, the worst-hit area of Nepal. We thought we were prepared, all things considered. The surgeons carried their basic instruments, stitching material, spirit, gauze, bandages; paediatricians had their fever medication, antibiotics and syrups, the orthopaedic surgeon had plasters and splints, and so on. I bought whatever psychiatric drugs I could.

We landed in Kathmandu and by the time we reached Sindhupalchowk, in a rented school bus, we knew that the nearly 500-kilos of relief material we had put together was inadequate. A cruel irony lay in the contrast between the eerily beautiful landscape and how nearly every human habitation we passed by was flattened out. Little did I know that the nightly aftershocks (running up to 5.1 on the Richter Scale) that I would experience would also damage the house our team slept in while we were there.

The first thing that hit us was the realisation that we had been blinkered: we had not thought beyond injuries and first aid. Heart patients, diabetics, epileptics, and all manner of patients were without essential drugs. The second thing that hit us was that we were operating in city-mode in an isolated disaster zone. We learned to bribe patients with food to keep them back for necessary procedures. Thus, an evening meal was given in exchange for a longer stay with us. Except that meals were not easy-to-come-by, even for the army mess that supplied us with a bucket of dal and rice for the first few days.

This area had received little relief in the crucial days after the quake. We saw precious relief material stuck at Kathmandu airport on account of red tape. Our attempts to speak to United Nations (UN) officials and share insights from our visit were met with equal bureaucratic indifference. We were on our own; the onus was on us to go outside of our skill-sets and do some good. Help came from a surprising quarter - the unexpected company of the Kathmandu comedian, Manoj Gajurel, who was part of the Gayatri Parivar, a Haridvar-based organisation that had helped us to arrange the trip. He was a celebrity; he would crack jokes and banter with us in the camp, lightening the mood, easing the tension. He also served as an interpreter, as did

a young sociology student from Kathmandu, a girl named Jyoti Mainali, who simply moved into our crowded, tiny dormitory without a sleeping bag in the bitter cold.

We needed interpreters, but we couldn't always handle everything we heard. A woman's complaint of body ache baffled the surgeon in charge who referred her to me. It turned out that she had lost her young children, her house, and her husband. She now wondered, without showing any emotion, how to survive. In spite of dealing with suffering and pain and death professionally on a daily basis, the surgeon had to leave the room to compose himself.

Soon though, we were in a groove. We were seven doctors treating nearly 400 patients every day and there was no question of sticking to our speciality. We evolved a set of rapid, diverse questions and acted on instinct. We saw immense suffering and helplessness; we shook in unzipped sleeping bags as the earth quaked under us every night, but we were useful, we were happy.

Having returned, I am unable to sleep or smile or function. Perhaps I am a textbook example of a secondary victim, the traumatised relief worker. But I want to record our lessons there and remember the extraordinary resilience of the Nepali people. Tiny children bore painful procedures unflinchingly and thanked us. Our hotel manager waived off the charges for our one-night stay as we exited Kathmandu, even as he showed me the list of cancellations on his roll. Relief workers arrive and face bureaucratic hurdles, often their supplies are stuck, but there is no question that Nepal is desperately in need of aid, and it is our moral duty as doctors to do whatever we can.

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