

Disaster tourism in Kutch

Kutch had been reeling in drought for the last two years. Now it got a “bonus” in the form of an earthquake, as the locals put it. On January 26, 2001, the earthquake struck, taking down all communication lines. News about the extent of the damage travelled by road away from the epicentre. The survivors quickly realised that the destroyed city could not cope with the casualties. They started to evacuate in every available moving vehicle, carrying the injured and abandoning the immobile and the buried.

Government and trust hospital doctors working around in the neighbouring areas, abandoned their posts and stations and rushed in with their ambulances and paramedics, carrying a basic set of supplies. Hopelessly equipped even in normal situations, these first-line doctors found themselves inadequate, except to triage seriously-ill patients and to advise transfer to facilities downstream. Anyway, that was the need of the hour. It would have been foolish to attempt anything heroic.

Within hours of the quake, private practitioners moved in to man the district hospitals, and help casualties. Hundreds of operations were performed through the day and night. Doctors coming in from other parts of the country were told that they were not needed. Most relief teams were told to go elsewhere. At the same time the blood, drugs and implants they brought along were more welcome than they were.

What were all these surgeries that were done? One would have expected external fixators, Steimann pin insertions, amputations and debridements: essentially, clean-up jobs, chop-offs and plastering. But instead there were plating of femurs (of three-year olds!), Austin-Moore head replacements (of 70-yr olds!), nailing of compound tibias and plating of radius-ulni. Elective and cold surgery which could have waited for days, if not weeks, was being done in the mayhem. Surgeons fiddled while Kutch shook. A huge majority of the fractures were compound, and contaminated with collapsing mud-walls and cowdung. Most of the patients were women and children. All that metal piercing their marrow sent the muck through virgin tissue. Before the end of the week, there was pus pouring out of operated sites. Almost anyone who stayed long enough to see the aftermath of the heroic surgeries, saw more than the quake. Man was to finish God's incomplete task of destruction. The last place I expected to learn a lesson in medical ethics was in this scenario.

There were some wounds which did extremely well. They were operated by the lesser mortals: the ophthalmologists, paediatricians and gynaecologists, who turned orthopaedic surgeons overnight. They did guillotine amputations, debridements and put on slabs of Plaster of Paris on all mundane wounds while the great masters nailed bones. All these patients went home without complications by the

seventh day. The cursed stayed back with their fancy indwelling metalwork.

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We would like to believe that the politicians were the only ones getting mileage out of the earthquake and its misery. It was horror tourism at its best. Doctors arrived in hordes, carrying video equipment to capture the graphic display of misery for viewing back home. That was an end in itself. Most relief teams arrived with 12-hour commitments, in a hurry to lend their surgical expertise. There were no takers for post-operative care. These fly-by-night operators insisted on operating and were gone with their photographs within two hours after surgery, leaving us to take care of their handiwork. The lack of accountability was remarkable. They left a trail of business cards, with degrees and addresses of distant lands or of famous Indian metropolitan cities. They couldn't let their practices suffer, but they had come to do their bit. The burden of taking them around the wards and being forced to cater to them was the last straw on the camel's back. The staff who had worked night and day was already at the point of exhaustion. This was the consistent experience across all centres in the area. Every hospital had similar horror stories to trade.

Surgery is so much fun that all too often we tend to lose sight of its *raison d'être*. What is appropriate surgery in a disaster situation is a moot point. With our inherent inability to work as team, whether in hockey or in medicine, this chaos is the inevitable outcome. Coordination, cooperation and preparedness are alien words in our dictionary where medicine is practised as a subject of personal triumph. Doing the right thing in such situations is a matter of training, experience and humility.

I must remark that I met some remarkable people in all the squalor. They took orders from the local superintendent, avoided local politics and were careful of cultural sensitivities. They had no axe to grind and did the dirty work of dressing wounds. Barring a few, most of them were from university hospitals in India and abroad. They gave their time and commitment and they all followed protocols. They were relieved by fresh groups of well-balanced teams and there was a good system of handover. These are ingredients of the future disaster management squads, to prevent further catastrophes. There is hope for us, if we decide to get organised and cooperate.

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