

## MEDICAL RELIEF TO 2008 SICHUAN EARTHQUAKE, CHINA

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### ABSTRACT

The massive 2008 Sichuan earthquake brought unprecedented international humanitarian aid to China. The monstrous damages and casualties aroused all human's sympathy. I took the opportunity to join a Malaysian voluntary medical relief team to Sichuan in June 2008. This essay recounts the immediate events post-earthquake and reports on my experience during the mission.

**Keywords:** 2008 Sichuan earthquake, earthquake aetiology, medical relief

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I had the opportunity to join a volunteer team to bring medical relief to this unfortunate region in June 2008. Below is my recount of the event and report of our medical works done there.

### SICHUAN EARTHQUAKE

The 2008 Sichuan earthquake occurred at 14:28 on 12 May 2008 in the Sichuan province of China. It measured at 8.0 on the Richter's scale and lasted for "about two or three minutes".<sup>1</sup> The earthquake was felt as far away as Beijing (1,500 km away) and Shanghai (1,700 km away), where office buildings swayed with the tremor. It was reported that, outside China, the shake was felt by Vietnam and Thailand too.<sup>2</sup> Within 72 hours of the main quake, there were more than fifty-two major aftershocks, ranging in magnitude from 4.4 to 6.0. The earthquakes damaged 2,380 dams across the region, including 1,803 dams in Sichuan province alone. Following the earthquake and the many aftershocks, rivers became blocked by large landslides and leading to the formation of "quake lakes" in this hilly region of China. This pooling up would gather huge and excessive amounts of water behind the landslide dams which might crumble into a catastrophic flash flood downstream. The casualties as of 21 July 2008 were reported to be 69,197 dead (about one third of which was school-going children), 374,176 injured and 18,222 still missing.<sup>3</sup> The earthquake left about 4.8 million people homeless, although the number could be as high as 11 million as there were approximately 15 millions people lived in the affected areas. Due to People's Republic of China's (PRC) one-child policy, many families lost their only child when schools in the region collapsed during the earthquake. Consequently, local officials in Sichuan province have lifted the restriction for families whose only child was either killed or severely injured in the disaster.

### RESCUE AND RELIEF

Many rescue teams were reported ready to join the rescue effort in Sichuan as early as Wednesday. However, much of

the intended rescue works were greatly hampered by blocked roads. These were worsened by coincidental heavy summer rains. On May 16, high-tech rescue groups from South Korea, Japan, Singapore, Russia and Taiwan arrived to join the rescue effort. These groups were very much appreciated by locals for their life-detecting gadgets and, powerful and smart machine in excavation of rumbles.<sup>3</sup> The Internet network was seen to have become a unique tool at that crisis when it was extensively used for passing information to aid rescue and recovery in China. Many countries and international bodies praised Chinese rescue effort as "swift and very efficient", contrasted to Myanmar's secretive response to Cyclone Nargis which devastated the country 10 days before the earthquake.

The PRC State Council declared a three-day period of national mourning for the quake victims began on 19 May 2008. Such national mourning was unique as it was previously only reserved for the passing a state leader. All PRC citizens across the globe stood silent for three minutes while air defence, police and fire sirens, and the horns of vehicles, vessels and trains sounded. Cars on Beijing's roads came to a halt.<sup>1</sup> The Beijing Olympic torch relay was suspended for the duration of the mourning period. Many websites converted their front page to black and white, removing all advertisements, limiting their homepages to news items displaying banners about the earthquake and the relief efforts.

### I WAS MOVED TO ACT

I was moved each time coming across the news about the sufferings of the quake victims, unceasing aftershocks and the selfless rescue efforts. The feeling was mounting over the days and finally I decided to act. I came to know that Holistic Integrated Services (HIS) organization was assembling a volunteer medical team to Sichuan within a week. I felt no qualms at joining the team, except I had not much confident in securing my family's blessing. They were hesitant fearing for my safety. Nevertheless, they relented after realising relief works always involve some risks.

## THE TRIP

I was rapidly connected to Crisis Relief Services and Training (CREST) organization that coordinated the team's itinerary. It was a 9-days trip from 9 to 17 June. The team consisted of three doctors, two retired nurses, two mental health counsellors, one pharmacist, one Sichuanese student and one social worker-cum-pastor. HIS told us to be self-funded and prepared for uncertainties. The three physicians consisted of a medical officer, a paediatric trainee and a family physician. The Sichuanese student was included to assist communication with the local people. Articles on post-traumatic stress disorder, volunteer crisis relief works and basic things to bring along were mailed to us prior to departure. Meanwhile HIS organization was gathering material and monetary support from the community. At the same time daily attempts were made to update information from the quake sites. HIS managed to get connected with an international crisis relief organization by the name of Heart-to-Heart in Chengdu, Sichuan, to whom we form an alliance. This alliance greatly facilitated entry through immigration check points and acceptance by the local people.

All team members gathered a day before departure at HISTEAM operating centre in Selangor for get-to-know-you session, briefing and preparation. We departed from KLIA at 0725 on 9<sup>th</sup> June aboard China Southern Airline. After about 4 hours of flights, we reached Quangzhou, and then we took a connecting flight to Chengdu, Sichuan. A group of overseas volunteers received and welcomed us in the Chengdu Airport. They arranged for our transport and accommodation for our first few days of stay. That evening we had an unforgettable Sichuan dinner; little did I know that this would be my last "proper" meal for the next one week.

## MEDICAL CONSULTATION AT THE QUAKE SITES

After discussion with Heart-to-Heart in Chengdu, we were informed of the latest situation and medical need of some cities. The medical demand had shifted very much from acute services to chronic care and thus, they were closing up the operation centre by the end of June. Psychological upheaval was to be expected as many were repressing and suppressing their trauma. We were glad to find lots of relevant pharmaceutical products in their office for us to use. Due to the winding down of operation, we were forced to buy some medicines for the last day of this mission.

After scouting some of the mostly affected sites in day 2, we identified a small town known as Leepingchun (李冰村) that had many villages in its surrounding. In one of the village, there was a particular primary school became well known because the grieving parents prevented further excavation of dead bodies. We set up our temporary clinic in a partially abandoned shop. The site measured about 6 metres x 3 metres with broken ceiling and cracked walls but the structure

appeared stable (Photo gallery, Figure 3). Five service points were prepared from wooden tables and bamboo chairs available inside the shop, one each for registration counter and medicine dispensary, three for physician consultation. Similar set-up was also hastily arranged in Dujiangyan (都江堰). The Dujiangyan Irrigation System, an ancient water diversion project which is also an UNESCO World Heritage Site, is located here. We set up our clinic in three blue nylon tents beside a road (Photo gallery, Figure 5).

Armed with only stethoscopes, sphygmomanometer, torch lights and pens, we tried our best to treat the villagers coming with various complaints. In Leepingchun, we worked with a local Chinese doctor to arrange for further treatment of villagers in the nearby specialist hospital.

Patients were mainly female and 30 to 59 year-old (mean age 46.3 years, range from below 1 to above 86 years). In two full days at Leepingchun, we saw 117 patients, 53.5% were female. The population of school-going children had dropped to less than one-third. Many of them lost their best friends and neighbours. We heard from local folks that this town had lost and missed so much of the honing sounds from bikes and cars. There was only one house stood intact from the quake. We took part in their temporary school teaching classes, providing English lesson and arts therapy. Most of the team members wept and cried with the students when they tell how they felt and what the quake had done to their life and land. We slept in the sleeping bags within blue tents (Photo gallery, Figure 2). We ate Sichuan instant noodles, instant meshed potatoes and biscuits with bananas for our three meals. I took shower once a day from a hose. It was beside our tent and a drain, so shower had to be done with clothes on. Many team members especially female opted to skip or just "sponging bath". Urination and defaecation were the most "challenged" activities daily. We had to ease ourselves either in holes dug out besides road covered by the infamous blue tent or shared public toilets without any flushing mechanism.

For one full day at Dujiangyan, 182 villagers sought treatment, 64.8% were female. Through the publicity of a local social worker, we received patients non-stop be it raining or sunny. The most common first diagnosis was bone and joints pain. These included acute strains and sprains, and chronic wear and tear conditions for instance osteoarthritis. Second mostly seen problem was skin diseases, 20.5% of all cases seen. In Dujiangyan skin diseases were the most prevalent medical condition as compared to joint and bone pain in Leepingchun.

## MISSION CONCLUSION AND LESSONS LEARNED

The last day was the most meaningful day for most of the team members as we shared our feeling before and during the mission. We were relieved that our "hard labour" was coming to an end and were feeling homesick. All of us had a

sense of fulfilment. We were grateful that we completed the mission without sustaining any injury. Meticulous planning, having an experienced team leader/coordinator and competent team members were critical for the success of this mission.

*Despite unfavourable tent and sleeping bag, I rested well for my job;*

*Despite improper food and beverages, I was energetic in carrying out my duty;*

*Despite unpleasantly long and bumpy travelling, I enjoyed the scenery;*

*Despite knowing nobody in the team prior, we have now become a "family";*

*And I guess these will always happen when one is determined to put others first and to trust oneself to his God.*

As a family physician, I felt well equipped in providing the medical relief. My skills were valued and appreciated by other doctors and team members. The main bulk of works seem to be the common physical problems. Many came to seek clarification of symptoms, confirmation of their health and absence of serious illnesses. However, I also came to realise that this medical relief was very much about of conveying caring attention to the victims using the principles of primary care. I will always cherish this trip for the rest of my life.

## REFERENCES

1. 2008 Sichuan Earthquake [online]. Available at <http://en.wikipedia.org>. Accessed June 5, 2008.
2. [The Betrayal of Land]. Huaxia-National Geographic 2008 June 1; page 62. Mandarin.
3. 2008 Sichuan Earthquake [online]. Available at <http://en.wikipedia.org>. Accessed October 23, 2008.

## Photo gallery



Figures. Clockwise (from top left):

1. Author stood in front of the minivan used to ferry the team around the quake sites.
2. Local villagers setting up nylon tents in Leepingchun.
3. Our clinic in Leepingchun.
4. The instant noodle and banana were our three meals.
5. Three blue tents were our clinic at Dujiangyan.