

CROSSROADS: WHERE MEDICINE AND THE HUMANITIES MEET

Aftershock medicine: A Canadian returns to China following the 2008 Sichuan earthquake

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It had been an extremely busy morning at Jiuzhou Stadium, the impromptu hospital set up in order to tend to some forty thousand injured by the earthquake. I stood outside of our tent clinic, exhausted and drained. A young girl approached me, timid at first, but upon seeing my camera and realizing that I was a physician, she smiled. "Can I take a photo with you, doctor?" I recognized her as the granddaughter of a husband and wife I treated at the tent clinic the day before. "Sure, come here." I held her with one hand and my camera in the other. She was one of the thousands of survivors I encountered in the aftermath of the earthquake.

It is photographs such as this one that now stand to remind me of the excruciatingly long hours and unyielding effort that volunteers like my colleagues put into combating the wake of the disaster. On May 12, 2008, an 8.0-magnitude earthquake ripped through the Chinese province of Sichuan, leaving 69, 227 dead and many thousands more injured. When the news had finally reached me in Ontario, I immediately felt compelled to act. I contacted several other physicians in Ontario and began setting up a medical volunteer service team. Dr. Stanley Zhang, our representative from the Chinese Immigrant Emergency Relief Fund (CIERF), managed to allocate funding. After coordinating with the Canadian Medical Assistance Team (CMAT) from Vancouver, our team was beginning to take form; it consisted of an ER physician (Dr. Dave Ratcliffe), two family medicine residents (Dr. Haibo Xu and myself) and two paramedics (Dave Deines, Chris Kaley).

With no time to waste, we departed Toronto on May

17th and were on the ground in Chengdu, Sichuan early on the morning of May 19th. Our first priority was to contact the local health department in hopes of receiving official approval for our services. After a quick meeting with the local health department, we quickly realized that the local department was so overrun that it would have taken several days for us to get official approval. It became obvious we needed to look elsewhere if we were going to get involved any time soon.

It was decided that we should contact the Red Cross. The Red Cross enthusiastically accepted our help and sent us to Chaping, a severely damaged village, two hundred kilometers from Chnengdu. Our first day there was spent assessing local rescue capacity. We found out that there was a very well-organized rescue mission already in progress in the hands of the Chinese government, military and other Red Cross emissaries. The Chinese government's commendably expedient deployment of military rescue teams was undoubtedly a saving grace for many survivors, and tended to buy critical time for our team to treat injuries. Another prudent decision made by the government was to transfer the severely injured to hospitals in the nearby large cities of Shanghai and Shengzheng in order to reserve local hospitals' capacities in case another earthquake should follow.



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Based on our assessment of Chaping, CMAT decided to donate all of our medications to the local Red Cross and to change the focus of their mission. Dr. Ratcliffe and the two paramedics left Chengdu for Burma, equally as devastated by the earthquake but not as noticed by government emergency response authorities. Dr. Xu and I, however, decided to stay in Sichuan in order to continue our mission. We joined the independent organization “Global Doctors” in Mianyang, a Sichuan city devastated by the earthquake. We arrived in the middle of the night, and were greeted by a torrential rainstorm. The only hotel we managed to find had been so damaged by the earthquake that staying in it overnight, especially with the frequency of aftershocks, would certainly have been a death wish. Our only option was to sleep in a tent as did so many of the other survivors in the city. The rain drenched our tent, and I could hardly sleep knowing we were finally so close to the people who were in need.

The next morning, we started work in Jiuzhou Stadium with doctors and nurses from around the globe. The stadium was able to accommodate 40,000 injured survivors from Bei Chuan county. Unfortunately, we were still extremely undersupplied and were forced to create a medical tent with the spare medical supplies we had. Each physician provided medical care in five hour shifts; we encountered a vast range of medical and psychological cases. I was forced to draw on my years of training as a General Surgeon in China and a Family Medicine physician in Canada to treat everything from fractured bones to gastrointestinal complications to respiratory infections.

Our team worked around the clock in the stadium. We slept in tents. We ate the same food that was donated to the earthquake victims. We would periodically experience the horror of aftershocks, and witness the joy of saving a patient’s life and the sorrow of losing one. After several days, our team gained a new respect for the resilience of the earthquake survivors who were so brave after losing everything from their jobs, their

homes to their families. It was an incredible honor to be of service to them.

I believe that this catastrophe was a learning experience for all parties involved. The citizens of Sichuan learned that even in the face of devastating evil, there is hope. The Chinese government learned how to organize and deploy massive rescue efforts. They also learned the benefits of allowing foreign aid – they did not repeat the mistake they made following the 1976 devastating earthquake in Tang Shan when they refused to such aid. This was also the first relief mission Dr. Xu and I participated in, and the experience gained from our work in Sichuan is truly immeasurable.

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