

Cross-Border Healers

By ASHISH KUMAR SEN

Within days of the 7.6 magnitude earthquake in Pakistan and parts of India on October 8, 2005, American doctors of Indian and Pakistani origin were teaming up on emergency surgical operations, trekking into cut-off villages and pooling thousands of dollars to aid the injured and homeless.

After helping in the crisis, some returned to the United States to organize appeals for medical equipment and recruit more doctors for follow-up trips. "People must realize that this tragedy is not by any means over," says Dr. Imtiaz Khan, an Indian American family physician in Greenville, South Carolina, who was invited by a Pakistani American doctor to be part of one of the first teams into Pakistan after the quake.

Born in Chennai, Dr. Khan was six months old when his family moved to the United States. He had been to Pakistan only once, a stop at Karachi on his way to India, and was eager to return.

Dr. Khan and the rest of the team arrived in Muzaffarabad at nightfall on October 10. They could barely see in the pitch darkness as the quake had cut off the power supply to the region and the only source of light was the distant flickers from the volunteers' generators. "In the morning we woke up to this devastation....It was absolutely horrific in some areas," he recalls.

Doctors of South Asian origin had an advantage over their Western counterparts as they were familiar with the local language. "Most of our people were able to communicate, even though they might have had a *vilayati* accent," jokes Dr. Tariq Cheema, a Chicago-based orthopedist of Pakistani heritage. "Traffic and crowds don't bother us. But these are big concerns for the Westerners."

Dr. Cheema helped found Doctors Worldwide, an organization that provides medical aid to disaster victims. It was on his invitation that Dr. Khan went to Pakistan.

Helping victims as a team "brought us together like brothers," says Dr. Saeed Bajwa, an Endicott, New York-based Pakistani American neurosurgeon and clinical professor of neurosurgery at Upstate Medical University in Binghamton, New York. "My Indian friends helped me raise money. There were no borders."

Dr. Faiz Hussain, who was three months old when his family moved to the United States from Hyderabad, India, was part of a team of medical professionals who arrived in Ghadi Dupatta in northern Pakistan on October 14. Most of the townspeople had been killed. Nevertheless, he says, it was "very heartwarming to see the hospitality extended to us by the native Kashmiris and their resilience."

AMERICANS FROM INDIA AND



Courtesy Doctors Worldwide

A specialist in internal and emergency medicine in Los Angeles, Dr. Hussain says victims of the quake were "relieved to see that anyone, regardless of ethnic background, religion or race, was there to help them....In our immediate group there were people of several ethnic origins. The bonding factor was that we were all there for the same reason."

Jebaraj Joshua, a member of the same team, agreed. A registered nurse working at George Washington University Hospital in Washington, D.C., Joshua came to the United States 12 years ago from Chennai. He says his wife Esther, also a nurse at the hospital, was "extremely nervous" when he first told her he was planning to travel to Pakistan. "She hid my passport for six days...she was so worried about my safety," he says with a laugh. But when she realized her husband was determined, Esther gave in.

In Pakistan, Joshua was overwhelmed by the reception he received. "When the locals learned I was of Indian descent they would say '*Yeh hamara bhai hai* [He is our brother]'," he says.

Joshua says that when some Pakistani security officials treated Indian American medical workers with suspicion, the Pakistani patients stood up for their healers. "They told us that we should not worry, that they would protect us. It was a very emotional experience," he says.

PAKISTAN HELP QUAKE VICTIMS



Courtesy Dr. Saeed Bajwa

Far left: Dr. Imtiaz Khan, an American family physician of Indian origin, administers treatment to an injured child. Left: Dr. Saeed Bajwa, a Pakistani American neurosurgeon, treats a quake victim.

eled to Pakistan. “I could give them firsthand information so they were better prepared when they left,” he says.

Dr. Cheema’s first exposure to a natural disaster was the earthquake in Turkey in 1999. When he heard about the October 8 quake, he felt he was suited to go and help. “But nothing can make you an expert in natural disasters. No experience could prepare you for this devastation,” he says. Dr. Cheema lost two distant relatives when the quake caused an apartment complex to collapse in Islamabad. “For me there was a personal side to this story. You worry about your own family. But when you see such a disaster you forget your own pain,”

Joshua worked long shifts managing the operating theater from 6 a.m. to 2 a.m. Dr. Khalid Athar, a Pakistani American anesthesiologist at George Washington University Hospital and part of the team that included Joshua and Dr. Hussain, says Joshua helped the team provide the same level of care that patients would get in the United States. “It was a brilliant gesture on his part to come with us to Pakistan,” says Dr. Athar. “It is amazing how people come together in times of crisis.”

Dr. Athar’s team treated more than 500 patients a day in Ghadi Dupatta. “It was an unimaginable experience....There were patients with severely infected wounds; a lot of them required amputations. It took some days to come down from the mountains for treatment,” he says. Dr. Athar and Dr. Hussain both spent a week in Pakistan and are keen to return.

The World Economic Forum sponsored Dr. Hussain’s mission. He says that Pakistani soldiers assisted at his medical camp, and army helicopters frequently flew in supplies and transported patients.

“The humanitarian effort is multifaceted and medical relief is just one part of it. Once medical needs are met the long-term need is to sustain the population through the harsh Himalayan winter,” Dr. Hussain says. Being able to witness the problems helped Dr. Hussain raise awareness upon his return to the United States. He spoke to many physicians, some of whom later trav-

he says. As the scale of the crisis became clearer, he contacted Dr. Khan and by October 10, Doctors Worldwide teams had started operations in Muzaffarabad and the Neelum and Jhelum valleys in Pakistan.

Since the roads were badly damaged, the doctors did a lot of traveling on foot and some walked up to seven hours to get to some towns. In the first month, the team focused on emergency medical relief. “After a month it is natural in a disaster of this scale that the number of emergency cases decline—people don’t survive that long under rubble—and we get more and more primary care cases,” says Dr. Cheema.

As soon as he heard about the quake, Dr. Hussain Malik, a plastic surgeon based in East Stroudsburg, Pennsylvania, got on the phone with other Pakistani American doctors to strategize how they could help from thousands of miles away. “After the tsunami in Southeast Asia we raised funds and donated to charities. But this disaster, it was in our country of origin and we were eager to serve in those areas,” he says.

“Our physicians have been serving in tent clinics and field hospitals in the devastated region,” says Dr. Malik, who is president of the Association of Physicians of Pakistani Descent of North America (APPNA), an educational and charitable organization that represents 10,000 doctors. In the initial phase



Courtesy Dr. Saeed Bajwa

A team of doctors, including Dr. Saeed Bajwa, operate on a quake victim. Dr. Bajwa estimates he performed at least 28 operations in two weeks.

of relief efforts APPNA members raised funds and provided tents, sleeping bags, blankets, food and water to organizations in Pakistan.

One of the groups that got in touch with APPNA to coordinate relief efforts was the American Association of Physicians of Indian Origin (AAPI), which donated \$5,000. Indian American doctors had worked with survivors of the Gujarat earthquake in January 2001 and subsequently used that experience to develop a disaster response strategy. Vijay N. Koli, the San Antonio, Texas-based president of AAPI, made plans to take a delegation for a “series of discussions with our Pakistani counterparts and see where exactly they need us.”

AAPI also drew up a system to appeal for medical volunteers. Dr. Koli’s wife, psychiatrist Dr. Malathi Koli, had worked with patients suffering from post-traumatic disorder in Nagapattinam after the December 2004 tsunami and she was eager to help quake survivors.

Dr. Cheema describes the group of volunteers in Pakistan as “quite a melting pot. Everyone worked together, shared jokes, talked about Indian movies! There is devastation on both sides of the mountain, but there is a border between us....We all had this feeling that this disaster has actually brought people closer,” he says. Volunteers who worked in the region describe being overwhelmed by the scale of the suffering and destruction.

Dr. Bajwa and his team arrived in Islamabad on October 17 and traveled by helicopter across Abbottabad, Balakot, Bagh and the outskirts of Muzaffarabad. In two weeks, he estimates, he performed at least 28 operations. One of his patients was a man who had slipped into a coma after bleeding from a head wound. Dr. Bajwa rushed the man back to Islamabad in a helicopter and operated on him. “That person survived and made a very good recovery,” he says.

Dr. Bajwa, who has relatives in Rahim Yar Khan in southern Punjab, Pakistan, recalls treating an 18-year-old girl who was paralyzed from the neck down. “The look in her eyes...the helplessness haunted me,” he says. Two days after he operated on her, the girl managed to move her hand. “That was worth more than

anything in the world. It is one of those memories that is going to stick with me. It shows how much difference we can make in people’s lives.”

In the villages in the upper reaches of the mountains, Dr. Malik says he found people suffering from chronic injuries that had not been treated for many days. Members of his team walked about 20 kilometers to a village near Muzaffarabad to deliver immunizations.

Many local hospitals were among the buildings that were reduced to heaps of rubble in the quake. APPNA decided to upgrade existing medical facilities in Islamabad and field areas instead of setting up new ones. Acquisition of medical equipment such as anesthesia machines, X-ray equipment, surgical equipment and other trauma-related supplies became a priority. Dr. Malik says his group collected about \$2 million worth of medicine and equipment.

In order to focus efforts and avoid overlapping, NGOs and volunteer teams were asked to adopt villages and towns. APPNA picked Kathai, a village located a few kilometers from the Line of Control. “When we got there we heard the villagers had not had any food for three days,” says Dr. Malik. The doctors arranged for helicopters to fly in food, tents and sleeping bags.

Doctors Worldwide is working with Pakistan’s Ministry of Health to develop a basic health unit at Komikot, about 30 kilometers southwest of Muzaffarabad. The group purchased an ambulance for the town and will provide a prefabricated fiberglass hospital, where local doctors will be trained and employed. Doctors say there is a pressing need for prosthetics and facilities to provide rehabilitation for amputees and people with spinal cord injuries. APPNA hopes to set up a 30-bed rehabilitation hospital either in Muzaffarabad, Abbottabad or Islamabad.

Noting the importance of the Jaipur foot, an affordable and durable prosthetic developed in India, Dr. Bajwa says, “Indians have a high level of expertise in developing prosthetics. It would be a godsend if they could help with this....It would be the best kind of humanitarian help.” He has gathered almost \$3 million worth of spinal surgery equipment for Pakistan.

Doctors Worldwide also plans to set up a physical therapy and rehabilitation center in Muzaffarabad. Physical therapists from Milwaukee, Wisconsin, are training 10 local people at the center. “We want at least half of our trainees to be females so they can help the women, who are not comfortable being treated by male therapists,” says Dr. Cheema.

Doctors are worried about the effects of winter on the people with whom they have developed a bond. While tents have been provided to almost all survivors, most of these are not suitable protection against the harsh winter. APPNA is providing corrugated metal sheets to residents of Kathai to build shelters. “They need mud walls and metal roofs,” says Dr. Cheema, “A lot of catch-up is necessary.” □

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