

PAKISTAN EARTHQUAKE JOURNAL

The involvement of IDEALS in Pakistan was already a great success when the earthquake struck the Northwest Frontier region and Kashmir in October 2005. In the previous three years great strides had been taken in creating a network of Primary Trauma Care (PTC) units with training of a large number of doctors in the immediate care of injured patients. IDEALS was proud to have fully supported the UK based organisation –now a registered Charity Primary Trauma Care UK. In accordance with the traditions and philosophy of Primary Trauma Care the training was orientated towards basic clinical assessment and immediate intervention to reverse the effects of severe injury with the simplest of equipment rather than teaching reliance on “high tech” facilities such as MRI or CT scans.

In the year preceding the earthquake it was becoming obvious that this training would have to be extended to link the various areas of Pakistan in creating training which would allow roadside management of patients and also training of individuals in the isolated rural areas who had no previous knowledge or experience of medicine. It was a daunting task and IDEALS in association with PTC had recognised that it would be a project that would spread over many years.

In October 2005 a massive earthquake struck the Northwest Frontier region and Kashmir. It was considered to be the worst of its kind for 500 years. The casualty figures were eventually assessed as 140,000 injured with approximately 80,000 deaths.

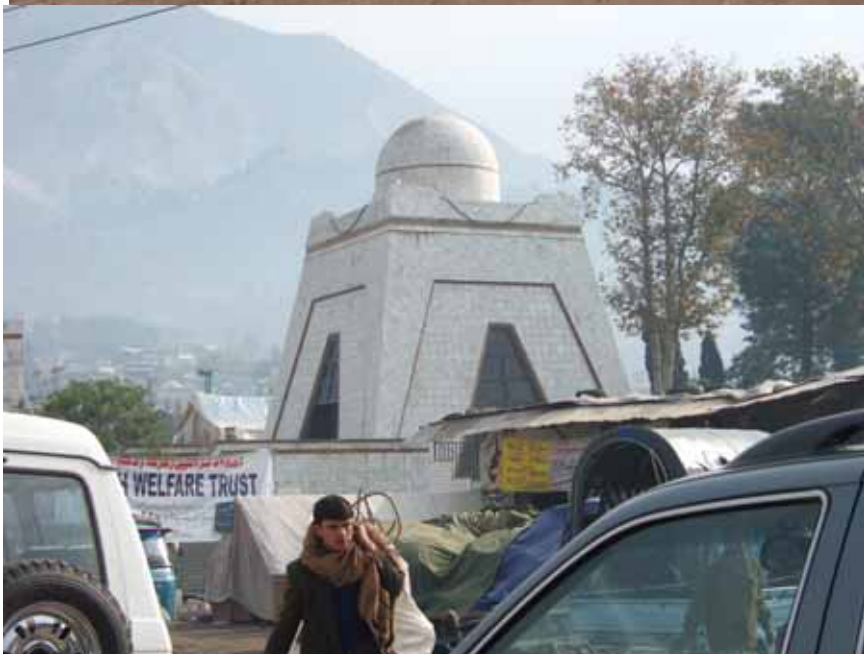


Tragically the majority of the injured were killed or mutilated in buildings that were insufficient to withstand earthquakes. The techniques of simple bracing of walls had been bypassed and simple concrete structures were the order of the day.

This led to the interesting observation that in some places tall, well strutted radio and television masts survived the impact while the more modern unstrutted buildings collapsed.



Many of these buildings were public and included schools and hospitals. For example in Muzzafarabad (Kashmir) the Military Hospital was completely destroyed as was the nearby University. Quite literally on the other side of the road, better and older buildings survived the quake and remained intact, see photographs.



It was sometime before the true extent of the devastation was understood and the National and, subsequently, International response followed on. I.D.E.A.L.S, because of its connection with PTC trained doctors, was quickly able to become a co-ordinator via the many PTC senior doctors in Pakistan. Quite literally hundreds of emails were routed through the IDEALS head quarters helping to co-ordinate surgeons from Karachi, Lahore and Peshawar.

The co-ordination of this work helped to create a field surgical unit in Menshara about 50miles north of Islamabad.

Within a short time, good equipment was being provided based mainly from local purchases rather than taking a long period of time for transporting it in and paying unnecessary customs duty. An initial sum of £20,000 was paid into an account in Peshawar and was run by one of the trustees of Ghandara

University, Mr G Noorani, who proved to be invaluable in ensuring these resources were properly applied.

There was immediate humanitarian aid given to various sites where the earthquake struck and this work included the delivery of blankets, water and medicine. The work in the field was co-ordinated by people NGO - Community, Appraisals and Motivation Programme (CAMP). This work was co-ordinated by Mr Naveed, an engineer with wide experience in this sort of work.



It became obvious that although a large number of volunteers from around the World were anxious to assist it was very difficult to co-ordinate them and the entrance into the area via Islamabad was soon reported as being blocked with willing volunteers. It was also somewhat sadly reported a little later that many of the volunteers did not have the experience to deal with this type of catastrophic situation and in particular with the large number of major musculoskeletal injuries that required simple but effective treatment at an early stage.

Within two weeks IDEALS was able to co-ordinate a review of the area by the Leonard Cheshire Centre for Recovery when Professor James Ryan and Dr Maria Kett accompanied the Chairman of IDEALS and Mr Naveed around the most damaged areas. They were assisted by Consultant Plastic Surgeon, Professor Shariq Ali from Karachi who had been heavily involved in the IDEALS/PCT work for the previous two years.

As way of bypassing the large number of people in the Islamabad area, Professor Ryan and Dr Kett were able to assess the major problems in the Northwest Frontier and the Kashmir area. This was independent of the work that continued on and was totally supported and controlled by IDEALS.

It was recognised at a very early stage that many of the patients had been treated somewhat inadequately. Examples of these were mal-united fractures of the long bones, untreated displaced fractures of the pelvis and significant fractures of the spine that required intervention in order to stabilise them.



FRACTURE INAPPROPRIATELY TREATED WITH ROTATION OUT OF PLACE



THE RED ARROW POINTS TO A DISPLACED FRACTURED SPINE THAT WAS NOT DISCOVERED UNTIL TWO WEEKS AFTER THE EARTHQUAKE DUE TO THE REMOTE AREA OF THE SITE AND THE ENORMOUS NUMBER OF INJURED PATIENTS TO BE DEALT WITH



THIS IS THE X-RAY OF A BADLY DISPLACED FRACTURE OF THE PELVIS IN A YOUNG WOMAN WHO WAS CRUSHED WHEN HER SCHOOL COLLAPSED. NOTICE THE NARROWING OF THE PELVIS (BLUE ARROW). WITHOUT TREATMENT CHILD BIRTH AND WALKING WOULD HAVE BEEN IMPOSSIBLE. PATIENT DISCOVERED IN TENTED HOSPITAL TWO WEEKS AFTER EARTHQUAKE AND TREATED SUCCESSFULLY

The fractures of the pelvis were recognised in several ward rounds in the tent hospitals by J Beavis and many of them were taken back to Peshawar where they were operated on. It was essential that restoration of near normal structure of the pelvis was undertaken and even the delayed cases of up to 2 – 3 weeks were responsive to manipulative treatment under anaesthetic with external fixation devices being applied.

Fractures of the spine were also operated on occasions in a delayed sense because they were sometimes not recognised and other times there was no expertise to deal with them. One patient who had been treated for a fracture of the lower limb was developing a paralysis in both legs while lying in a tent ward outside the main hospital because the fracture had not been recognised. This patient underwent complex stabilising surgery – see x-ray of spine in previous page.

A peculiar physiological complication was noted in many of these patients. It is known that the patients who have any obstruction to the nerve supply to their lower limbs as the result of a fractured spine will develop an increased blood supply to the lower limbs. This means that there is more blood draining back up into the abdomen and pelvis when the patient lies down as in the operating theatre table. This, combined with an intense inflammation in the region of the fracture, resulted in copious bleeding at the times of these operations. A literature research did not describe this as a complication seen in the past and it is now recorded for the first time in this IDEALS journal as something that has to be looked for in the future. It is particularly dangerous in those patients who have high lumbar, lower thoracic fractures where the access to the area is very difficult.

A further £15,000 was paid into the Ghandara/IDEALS account in order to equip hospitals in the area with external fixation devices of a simple and very cheap nature.



This is in contrast to some of the extremely complex fixators which were brought in by surgeons from the more sophisticated units around the World. Whilst not decrying the value of such complex methods of fixation, they require careful follow up and many of the patients were bound to be sent back to areas where the appropriate expertise was not possible.

One major problem that was quite obvious was the lack of plastic surgical expertise in dealing with these severe crushing injuries that had occurred. Two teams of plastic surgeons were fully financially supported by IDEALS to visit Pakistan in December 2005 and undertake delayed work on many of the plastic surgical problems that still existed as a result of the crushing injuries.

The teams were from Oxford and led by Tim Goodacre FRCS and from Morrision Hospital Swansea led by Tom Potokar FRCS. Their work was excellent and IDEALS was proud to sponsor their magnificent intervention into this tragedy.



Dr Khan SHO Oxford	Emily so Cambridge	Tim Goodacre Oxford	J Beavis IDEALS	Prof Amir Khan Peshawar
	Theatre sister Oxford		Prof Shariq Karachi	Tom Potokar Swansea

The surgery undertaken was complex but essential and assisted the indigenous surgeons who had heroically responded to the initial problems and who welcomed Tim and Tom's teams with their international reputations as colleagues in these difficult times. The following pictures are three examples, among many thousands, of the challenges faces in reconstructive work .



A “spin-off” from the plastic surgical visit was that Professor Shariq Ali, who had just been appointed Director of the Burns Unit, Karachi, made excellent contact with Mr Tom Potokar Consultant Plastic and Burns Surgeon in Swansea. IDEALS supported a full scholarship for Dr Shariq Ali to visit Swansea for a period of five weeks in the summer of 2006. Here he gained considerable experience in modern burns treatment which he has taken back to his unit in Karachi.



PROFESSOR SHARIQ WITH STAFF OF THE BURNS THEATRES IN SWANSEA

A simple fact is that burns are one of the major causes of death from injury around the World. Many of these injuries occur in children who can survive the physiological loss of fluid but often suffer from complications such as major contractures around joints and also infection which can be obviated by early expert treatment. Such expert treatment has been taken back to, and emphasised by, Professor Shariq Ali following on from his IDEAL supported scholarship. Furthermore, contacts with India and the UK have been developed in this field and it is hoped that both research papers and proper training methods will now increase as a result of the liaison that was created in this way.

At an early stage after the incident Mr Naveed and his colleague, Mr Tahir Ali from CAMP, recognised that a village in Bedadi, north of Mansehra had suffered massive damage as a result of the earthquake.



While it was recognised that the number of casualties was relatively low due to the absence of major concrete structures, there were major problems with regard to these villagers suffering loss of their homes. The school had also been partly damaged and the children from a wide area were frightened to go back into it.

On the advice of CAMP, IDEALS fully supported the creation of a tented village on rented land. An important feature of this village was that the tents should be far apart, there should be proper sanitation and water supply, and that there should be good, nourishing food provided for the villagers during the hostile winter that followed.





Throughout the winter of 2005/2006 the tented village was carefully monitored and there were no signs of waterborne diseases –commonly seen in other camps that were constructed without the expertise of organisations such as CAMP – and the weight of the children was maintained. In addition educational standards remained high. Many other tented communities were closely packed without good sanitation and close to roads thus risking pollution and injury to the children –not so Bedadi.



**AN OVER
CROWDED TENT
VILLAGE CLOSE
TO THE ROAD IN
KASHMIR**

As the months wore on it became obvious that a rift existed between the Bedadi villagers and their landlords. The relationship had been an almost feudal one for many generations with tied housing and very low paid work in the fields and homes by the families demanded as part payment for housing. No attempt was being made – despite Government grants – to rebuild the villager's homes in a reasonable way and they were being called upon to go back to working on the land and in the houses of the landlords.

At a somewhat hostile meeting in March 2006, Mr Beavis was confronted by the landlords who requested that all resources should be channelled via them rather than CAMP.



It had to be explained that a considerable expertise was required in order to properly use the resources and create a healthy environment for these people. Fortunately, the land on which the tents were sited was not owned by the landlords and was rented from an ex-patriot Pakistani living in America.

With the rift actually increasing between the landlords and the villagers, a decision was taken to purchase land at a distance away from here and to create a new village.

The initial idea related to this village was to build units of houses on a relatively small area of land but with the advice of Professor Amir Khan, of the Department of Geography and Town Planning in the University of Peshawar, it was recognised that this would be totally inappropriate. The villagers have been rural dwellers for generations and the village that was initially contemplated to be built would have converted them into urban individuals for which they were not suited. For this reason a large area of land was purchased and it was decided that with time those who qualified by remaining on site with their families would be given the donation of the land which they could develop for food growing as well as working in the local area. This is an extraordinary gift for each family and takes them away from an almost futile system of dependence on landlords both for their accommodation and for work.

On the 17th October the villagers moved to their new site and took up residence in tents. They had little but were prepared to make a great deal of what they were given.



United Nations High Commission for Refugees will provided some basic equipment free, although it will be necessary to temporarily house the villagers in the tents. It has also been agreed that the first and most important building to be erected on the land will be a school or at least to ensure that the local schools are provided with facilities to accommodate the extra children. This attention to education is the sign faith in and hopes for the future of these villagers.

As if to emphasise this fact; on the day of the move a baby girl was born and we will continue to inform you of this child's progress and of the other children of Bedadi



At an early stage after the earthquake IDEALS and the Leonard Cheshire Centre for Conflict Recovery were contacted by Dr Peter Baxter, who is Head of Department of Public Health in the University of Cambridge. Dr Baxter, who was at medical school with J P Beavis, has been interested in natural disasters and their medical consequences for many years and is a considerable expert in this field. The association with Dr Baxter and Dr Emily Sew from the Department of Architecture of the University of Cambridge and Dr Stephen Platt, who is Chairman of the Cambridge Architectural Research Limited. As a result of their collaboration with Professor Amir Khan a full study has been undertaken of the nature of injuries that have occurred in the Northwest Frontier area in association with the types of buildings in which the victims were sited and the geographical area where it occurred. A provisional report, written in June 2006, shows that this is an excellent survey one which will assist not only in the rebuilding but also demonstrates the lack of care that has occurred to some patients following the earthquake.

An example is of a school teacher in Muzzafarabad who suffered an injury to his hip and pelvis when he was trying to save his pupils from the collapsing school. He was found by the team and J P Beavis, in bed having been unable to walk since the time of the accident following no less than 6 failed operations and having spent well over £1,000 of his own money which equals nearly a year's salary. As a result of this it was decided that he should receive expert care in Karachi and is at present in hospital in that city having undergone the first operation to try and bring about a stable hip - one on which he can walk and hopefully return to his job as a mathematics teacher. This is an example of the sort of problems that have been faced by innumerable individuals following the war.



Patient in bed for 9 months



x-ray shows artificial hip joint dislocated
With ball (black arrow) away from socket (red arrow)

Another harrowing tale is of a little boy who has refused to leave his father's grave. They had lost six members of their family out of a total of eight in a village called Kawi.

In another example we found evidence of the psychological problems that occurred with a mechanical engineer who had lost his brother and father. When interviewed he was still talking in the present tense about the event and

how his father, brother and uncle were still in the house that had collapsed and in the front of which we were standing. We assumed it was a one-storey house but in fact it had been two storeys but had collapsed down so that only one was visible -- see the red arrow in the photograph.



A YOUNG MAN –DISGUISED FOR CONFIDENTIALITY –WITH OBVIOUS SYMPTOMS OF POST TRAUMATIC STRESS SYMPTOMS 9 MONTHS AFTER THE EARTHQUAKE. HE LIVES IN THE TEMPORARY HOME SEEN IN THE PICTURE AND WILL NOT LEAVE WHERE HIS FAMILY DIED

This is the type of problem that cannot be calculated with any certainty but must be extremely common across the whole of the area where the earthquake struck. Isolation of this devastated area prevents a full study of what is happening but it does certainly tell us that the immediate intervention of the International Agencies with doctors arriving from all around the World anxious to assist, must be eventually co-ordinated so that the right surgeons and physicians are appointed to helping the immediate after care of the disaster and then a co-ordinated long term effort must be applied. The latter intervention is not sexy and gained little interest from the television and press but is certainly just, if not more, important than the earlier intervention.

In summary, the devastation of the earthquake of October 2005 taught the whole International Community many lessons but whether or not they have been truly absorbed and whether there will be appropriate response is yet to be seen. Actually only the next disaster will help us to know. It is J P Beavis' intention to talk at the Royal Society of Medicine on a subject of "Tropical Surgery" in early October when the various points of failures of support will be emphasised. It is hoped those senior doctors present at the meeting will

realise that there must be a co-ordinated attempt to control the use of the volunteer forces both immediately and in the long term.

To this end, Sir Terence English, past President of the Royal College of Surgeons of England and one of the Trustees of IDEALS, visited the College along with J Beavis to discuss this very point with the present President, Mr Bernard Ribeiro. This is another example of how IDEALS has been in the front line of international activity with not only offering immediate help but attempting to think through the policies of future care co-ordination, thus remaining close to its original intent of not only providing immediate disaster aid but also offering long term support.

During the previous year, in addition to the work in Pakistan – the Primary Trauma Care work was held up to some extent as a result of the earthquake – it has been possible to continue to assist the southern town of Tangalle which was so badly affected by the Tsunami of 2004. The work has been relatively minor but it can be recorded with delight that the trawler is still working very well and in addition further support has been given to the local school for the rebuilding of toilets. It is hoped that as money becomes available further activity in rebuilding will be co-ordinated by Mr Philip Woods (Trustee of IDEALS) and our friends in Tangalle.

Summary

The main impression when faced with these problems is the enormous disparity between the wealth of the west and the poverty of the real world. These people are so grateful for so little and indeed they often ask for very little. The villagers of Bedadi are an example of this. All they wish to have is security of tenure of their land and the chance to work in order to improve the lot of their families, particularly the children.

In an age when we hear expressions such as “conflict of civilisations” it should be remembered that very often such conflicts do not come about as a result of the ordinary people in the various part of the World but as a result of the terrible brew that accumulates from fanatical politicians and extremist religion mixed with military power.

If IDEALS has any purpose in the future, it is to show a humanitarian approach without fear or favour or concerns about political or religious philosophies. We believe that this is exactly what has been undertaken by IDEALS over the last years particularly with our response to the Pakistan earthquake. In addition our continuing attitude to both education and research in this part of the World is well encompassed by the underlying principles and founding principles of the Charity.

The Shoe Cleaner's Story

Each time I travel through Mansehra, we pass by a shoe cleaner who I first met 8 or 9 months ago. When I first saw him I needed mud to be washed off my boots and stopped to see if he could help. The price quoted for a full clean and polish was 7 rupees, less than 10p in UK money. I told him that the price was far too small and offered him 150 rupees – a little over £1. I also said that I would give him a similar amount for each child and was surprised to find out he had 11 children but a deal is a deal – especially with Pathans in the North West Frontier. He has become a great friend and on each occasion we pass by I stop for boot cleaning whether it is needed or not! He always makes a fair and ridiculously low offer for the job and we play the game of my raising it based on his family size and an obscure arithmetical relationship with their ages! The last time we met, the calculation put the equivalent of £20 in his pocket and because, with this, he had earned his income for nearly a month he was able to buy his children milk and butter. This poignant story illustrates the difference in the way of life of people who are removed from the benefits of western comforts. I hope it makes us realise just how little we have to give to make an enormous difference to the lives of these people.



THE SHOE CLEANER OF MANSEHRA; A GREAT GENTLEMAN AND GOOD FRIEND

Thank you from the Trustees and all the people who have benefited and will continue to do so because of your donations. None of this would be possible without you. Everything that has been accomplished has only been possible because of your generosity.

John Beavis

SUMMARY

- ❖ IDEALS, and its predecessor the Bosnian Fund, has accomplished much and identified itself as an educational Charity with research programmes that allows experience gained in war and other adverse situations to be assessed and promulgated.**
- ❖ The Charity has never lost its focus to help individuals via its teaching projects and, as can be seen with the extension of work with Sarafix, it may become involved in economic reconstructive activities.**
- ❖ With an immediate response to the Tsunami and the Pakistan earthquake IDEALS has shown it can be very effective in dealing with social consequences of such calamities**
- ❖ We have worked with no administrative costs and derived our income from a very narrow base.**
- ❖ It is for others to judge the organisation but those of us working within the Charity believe that we have demonstrated our worth during the past 6 years.**