Relief for the massive earthquake in Pakistan: efforts of local residents should not go to waste

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ABSTRACT Large-scale natural disasters are happening frighteningly too often, and global warming has been implicated. The earthquake in the mountainous region of Pakistan on 8 October last year, however, occurred within a known geological earthquake zone. I originate from the earthquake-ravaged region and I kept a log of the updates that I received from my elderly parents living in Abbotabad through weekly telephone calls. The events described below are largely based on that, and recount the sterling effort of the local community of the town of Abbottabad who took the brunt of the immediate relief work for a large devastated and displaced population. The relief and rescue operations will officially come to an end by May 2006. However, the reconstruction work will continue for a long time to come and will require ongoing generous support of the international community.

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I originate from the earthquake ravaged region of northern Pakistan and my elderly parents live in Abbottabad, a major town about 20 miles from the epicentre of the quake that hit the region on 8 October 2005. The quake caused the death of over 73,000 people, injured a similar number and left over three million people homeless.\(^1\) Unfortunately, Pakistan has limited resources and expertise to cope with such a large-scale disaster. Furthermore, help from the international community was slow to arrive. The difficulties were compounded by the virtual inaccessibility of many affected communities and villages in the rugged mountainous terrain as many villages got completely cut off by landslides.

The battered and homeless survivors from many surrounding villages walked miles to reach Abbottabad where they were initially put up in makeshift refugee camps, one of them within the grounds of Ayub Medical Complex, the local teaching hospital. Many refugees brought their injured and even the dead with them. The local doctors, especially the trauma and orthopaedic surgeons, and other health staff, took on the initial workload and toiled virtually round the clock during the first few weeks treating the sick and injured.

As there were delays in setting up adequate facilities for the thousands of refugees, the residents of Abbottabad took the brunt of their day-to-day care. They held emergency meetings and divided the enormous workload among themselves. The initial pressing needs were met with large-scale donations of surplus clothes, bedding and

food supplies. My mother, along with a number of other ladies in the community, was given the task of running a kitchen service. She cooked three or four large pots of hot food daily, which was ferried to the camps in a van. Her daily expenses to run this service were about £75 in Pakistani rupees, which is a substantial sum given the low overall cost of living there.

Initially there was the immediate need to bury hundreds of dead people. Hence several ladies in Abbottabad took on the job of purchasing cheap cloth in wholesale and sewing body bags. My father was involved in giving the dead a decent burial. One day last month when I talked to him on phone, he started crying as he had helped bury 48 young children among the dead that day.

By the end of the first week, various essential tasks for the immediate relief effort were pretty much divided among the residents of Abbottabad and taken care of. These included providing clean drinking water, putting up tents for newcomers, setting up porta-loos, running a laundry service, providing transport to carry food and relief supplies and to ferry the sick and injured to medical facilities, and clearing the refuse.

To achieve all this without the help of modern hi-tech facilities such as computers and the internet, was quite simply a remarkable achievment by the local residents.

Having started a new job in the NHS, I myself could not go and join my parents. However, I initially sent donations

directly to them with the confidence that every penny is going into the relief effort.

Pakistan Army personnel were the first to reach the disaster-struck areas and helped in clearing the rubble to rescue people buried alive. They got invaluable expert help from rescuers flown in from several countries including the UK. By the second week the relief effort was in full swing with several government and international organisations bringing in truckloads of supplies and equipment. The big Pakistani food processing and textile companies, mainly from the province of Punjab, several non-governmental organisations, and workers from major political parties, also got involved in the care of refugees and set up outlets for essential supplies. International help started pouring in with a significant proportion coming from Pakistanis living in the UK. Seriously ill and complicated patients, after having initial treatment, were transferred to specialist centres in big cities such as Rawalpindi and Islamabad. By the end of October, the residents of Abbottabad shifted their priorities more towards giving solace and psychological support to the survivors as many of them had lost everything including the rest of their family. Early in November, my parents highlighted the plight of the survivors on the phone by giving the example of two teenage brothers in the local hospital; one had lost an arm and the other had a leg amputated. For several days after the amputations they could not bear to look at or talk to each other.

The pressing need now is to rapidly build houses, schools and health centres for the homeless in the region. This needs input of large sums of money. It is a daunting task, certainly beyond the scope of the local residents, and it will take time. As of 23 December 2005, of the US \$550 million requested as the six-month UN Emergency Appeal, only 42.2% were confirmed contributions and pledges.² The issue of inadequate and slow international response was quite graphically highlighted by Richard Villar in a recent article.3 The weather in the mountainous north of Pakistan has turned colder and some areas have already had their first snowfall, causing deaths from exposure and acute respiratory infections, especially among the children in the quake zone.2 Certainly, the prompt action of the local residents immediately after the quake made a huge difference leading to the survival of thousands and it should not all go to waste at this crucial stage of re-housing the homeless and re-building communities.

REFERENCES

I WHO. South Asia Earthquake Health Situation Report No. 27. I1–19 Dec. 2005.

- 2 South Asia Earthquake Update. Dec. 23; 2005 (on WHO website).
- 3 Villar R. Personal views: In Pakistan's earthquake zone global relief has so far failed its tests. BMJ 2005; 331:1152.

Comment from Overseas Regional Advisor

The earthquake of 8 October last year, in the Himalayan regions of Pakistan, Hazara and Kashmir, was the greatest natural calamity in the history of South East Asia. In terms of loss of lives and human suffering, it was larger in scale than the Tsunami disaster, causing over 73 thousand deaths and leaving hundreds of thousands injured and homeless, including the very tragic casualties of school children as well as raising to the ground the entre cities of Muzafrabad and Balakot, including schools and hospitals and hundreds of villages. The whole region remained disconnected from the rest of the country for a long time.

This tragedy occurred in the most mountainous region of the country with tough socio-economic and environmental conditions and a woefully inadequate infrastructure. Hence, it became virtually inaccessible for rescue and relief operations. However, the sheer scale of the disaster overwhelmed the initial efforts.

There were very prompt and large-scale responses from the local, provincial, national and international levels. Rescue and medical teams were at the scene the same day. Pakistan Army and Air force teams were the first to reach and started rescue and relief operations.

US Chinook helicopters reached the next day to undertake the much needed rescue operations of the mass airlifting of injured and frail people from the inaccessible areas. The specially skilled British team was the first to arrive in Islamabad and did a tremendous, technically difficult job of taking out bodies buried under the rubble of Magalla Tower in the quake affected part of the capital.

Donations of all types: clothes, blankets, medicines, surgical equipments, tents, food, bottled water as well as medical and paramedical personnels, social workers, choppers and cash donations started pouring into the affected areas from all over the country and abroad.

Khyber Teaching Hospital, Peshawar sent a 20-member medical and paramedical team to Balakot, the worst

affected town near Abbotabad the same day and maintained a camp hospital, fully staffed and equipped. The Faculty of Khyber Medical College donated their salaries. There was also tremendous and large scale immediate relief aid from the international community notably Saudi Arabia, Turkey, Iran, China, Malaysia US, Germany, UK, France, Russia, Japan, S.Korea and many other countries including Cuba.

These national and international rescue and relief teams performed the much needed immediate task of taking out bodies from the rubble of collapsed buildings, and burying them honourably. All the injured were taken to hospitals in the adjacent districts and other hospitals in the provinces of NWFP and Punjab as Dr Tariq has elaborated upon above. Hundreds of injured and sick were admitted to the Khyber Teaching Hospital alone where they were provided with full and free treatment, including rehabilitation.

The Prime Minister took a personal responsibility for over fifteen thousands orphans. Over four million homeless people were given shelter in tent settlements erected in the affected areas, the Federal Capital and other districts. Families and villages were adopted by individuals and NGOs and took responsibilities for all their needs. The President of Pakistan and Chief Minister of the North West Frontier Province established a quake relief fund into which the whole nation, as well as Pakistanis resident abroad, put their cash donations.

As a result of this prompt and overwhelming response from within the country and abroad, all of the food, shelter and healthcare needs of the millions of survivors were taken care of. There was not a single major outbreak of the much-feared communicable diseases such as cholera; a BBC documentary put this down to the abundant supply of bottled water. No untoward manmade incidences occurred in this huge large-scale area of devastation and relief operations, largely due to the coordination and supervision of the Pakistan Army.

The immediate goal and challenge is to protect the survivors through the bitter Himalayan winter with subzero temperatures and heavy snow. As the BBC World Service reported in its live telecast on 13 January, 2006, most of the tents have collapsed under the heavy snow fall in the regions of Kashmir and Hazara where most of the tent settlements are located. Therefore, many more special tents which can withstand the cruel and snowy Himalayan weather, along with special blankets, are urgently required.

The UN has asked for \$550 million for the six months relief operations (\$2 million a day) but only \$320 million has been received. By the end of December, the Government of Pakistan had spent over 22 billion Pak rupees (about £220 million). The real challenge ahead is the gigantic task of reconstruction in the totally devastated towns of Muzaffarabad, Balakot and other areas.

A donors' conference was held in Islamabad on the appeal of UN Secretary General, in which many countries and organizations participated. The President spent his day with them, and over \$5 billion have been promised by the donor countries and agencies, but most of the fund is in the form of loans which a resource starved country like Pakistan cannot afford, and therefore cannot receive.

Pakistan has been at the forefront of many international relief and UN sponsored peace-keeping missions in many parts of the world and has rightfully carved a respectable and friendly status in the international community. It therefore deserves a sympathetic and realistic support from the world community in this hour of its greatest human tragedy.

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