



Banda Aceh

'I lost my wife and my six children... please I do not want your sympathy. I was just wondering if you could treat my leg'

On closer inspection Mr Pak had a tropical ulcer, slow healing, and secondary to an injury received in the tsunami some 3 months ago. The ulcer I could do something about, the other...

I have just returned from 2 weeks in Banda Aceh, as part of the Dr George Somers led project to look at primary health care provision in this, the rehabilitation phase of the tsunami disaster. Banda Aceh is the capital city of Aceh, a district on the northern tip of the island of Sumatra, Indonesia. It is a strictly Muslim area, and before the earthquake and subsequent tsunami, was all but closed to westerners.

Evidence of the devastation surrounded me daily, from the 'ground zero' landscapes near Banda Aceh wharf through to the quiet remark regarding a lost spouse, child, or indeed, an entire family.

'Resilient' is a word being used by many to describe the Acehnese and their acceptance of this disaster, and their obvious determination to rebuild both their structures and their lives. The grace that encompasses their daily

'moving forward' eludes description.

The magnitude of the disaster is hard to describe. From my living room in Australia, the 200 000 lives lost and images of the destruction transmitted via television were incomprehensible. Now, having been in Aceh, I am still far from being able to fathom the situation. Nongovernment organisation presence is great, with many nations represented – but as for projects – things happen slowly. I was amazed at the number of volunteers who had arrived to assist in any way possible, from clearing bodies (thankfully an earlier task) to disposing of the tonnes of rubble and rebuilding essential services such as schools and hospitals. Medical assistance has been abundant in the emergency phase – now the rehabilitation phase begins.

Dr Somers has proposed a 6 month project based in Jantho Hospital, about a 1 hour drive from Banda Aceh, in the breathtakingly beautiful Acehnese hills. The hospital services a population of 40 000, and now a relocation camp for up to 4000 internally displaced persons (IDP). The project seeks medical personnel from Australia comprising doctors and nurses to volunteer for 2–4 week rotations to



service this project. There is opportunity to be involved in direct patient care both within the hospital and in mobile clinics to the IDP camp. I have attended meetings with Indonesian health officials and assisted in clinics in local communities, villages and schools. Dr Somers is also working with the local health authorities to look at ways of improving health data collection and dissemination (email: george.somers@med.monash.edu.au).

As I return to my own family, community, and general practice in Tamworth, New South Wales, I know I shall be recalling, reliving and processing thoughts and images from Aceh for many days to come.

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