

Curiously, there was not really any discussion between the family about whether we should stay or go home after arriving in Colombo on the night the Tsunami had struck. We knew on arrival at the airport that our holiday plans would probably have to be abandoned and somehow or other there appeared to be tacit agreement that we could contribute to the clean-up in some way.

The local branch of Red Cross were coordinating teams of volunteers and suggested that our friend Phe and I get together with a young Australian couple from Tasmania, Sandy Gale and Belle Fowler. It looked like a potentially useful team. Phe has had many years nursing experience, Sandy was a fit young doctor and Belle, who had recently graduated in law, had extraordinary organisational skills and was afraid of nothing. As an airline pilot, I would be very much the general assistant.

Phe and I compiled a shopping list and started buying food, medicine, supplies and equipment in large quantities from supermarkets and a large pharmacy in the heart of Colombo. Many of the necessities had already been sold out and the pharmacy was in chaos. It was in the pharmacy that we met our team-mates Sandy and Belle. They had lost most of their possessions in the wave but still had their credit cards and were signing for a formidable load of medical supplies that would surely meet anything we were likely to encounter. It was evident from the outset that working with Sandy would be okay. When various medical equipment was said to be unavailable he was unfazed and would improvise, often with something from the shelves of the supermarket next door.

The shopping spree had begun at lunch time and it was well dark by the time we were done. It was now December 29th and the road down the west coast was said to be open for traffic. We would leave as early as possible the next morning.

There was time for a quick chat as a group about the rules of engagement and then into the thick of the traffic heading South. The Red Cross had provided Sandy and Belle with a light van and driver / interpreter and Phe and I followed in a borrowed car. The good nurse offered to drive the first leg out of Colombo and complied with the local convention of sounding the horn every five seconds or each gear change, and not yielding to other traffic until she could see the whites of the eyes of the more determined drivers. The temporary Red Cross signage on the car didn't seem to count for much. Everyone was on a mission.

By now, images of the devastation had been beamed across the planet and I guess we knew it was not going to be pretty. It was probably the extent of the damage, the fact that it was just so unrelenting that caught us unaware. The stench was awful. Townsfolk were clearing debris from what was once the road. Bricks, trees, house contents and broken boats were being moved by hand to permit north bound traffic (mainly ambulances or improvised ambulances) to evacuate the wounded. The south bound traffic consisted mainly of overloaded vehicles carrying food, water, latrines and equipment. But it was often in complete gridlock. Sirens kept wailing, horns sounding and tension mounting. Staying with the Dr Sandy's van was a real challenge; losing him now would be serious. The good nurse kept within millimeters of the teammates but for

much of the time our progress was little better than walking pace. Tensions increased when an SMS came from loving wife in Colombo to advise that an aftershock had apparently caused subsequent tidal wave damage on the East coast of India and it was expected to affect the South West of Sri Lanka within the hour. "...get to high country immediately" the text concluded. Not good news really because the road was just three hundred metres from the sea, and the traffic in gridlock on a flat section of coastal plain.

Bizarre stuff like refrigerators in trees and water logged cars sitting neatly in single room houses became the norm. I remember the awful irony of a fishing boat named *Lucky*, broken in half and lying across the road. But the real gut punch came from the close up expression of the survivors. The grief was palpable. There was a man sitting in an upright chair, water up to mid calf and surrounded by flattened debris. He was gazing in to the middle distance, expressionless and unmoving. The traffic was stationary and we were just a few metres away but he seemed not to notice us. Others stood, bewildered, by the roadside. The people involved in cutting away fallen trees or stacking debris into piles, seemed like the lucky ones. It would be easy to succumb to the apparent hopelessness of the situation. Some townsfolk were reluctant to leave the remains of their homes and were trying to restore order but were surrounded by shallow stagnant water. There had been a lot of talk about the emergence of water borne diseases and the potential seemed overwhelming.

Refugee camps were forming in school grounds and such suitable places that were slightly inland and on higher ground. We had sufficient food and water for at least four days and a makeshift map of where these camps were located. The plan was to move south ward from camp to camp but with the freedom to divert to an area of greatest need. We were hearing that people in some areas were suffering terribly but, in the main, wherever we visited, the seriously injured had been evacuated. To escape the sights, sounds and stench of the coast and proceed uphill amongst the tranquility of the unaffected villages was in itself great relief. And to be able at last, to pitch in and start doing something was even greater relief.

Surgery would often consist of a school desk and a couple of kitchen chairs in a shady spot on the lawn or perhaps on a school verandah. The routines evolved very quickly. Dr Sandy would take up a chair and set up his kit, the good nurse would immediately start on the triage, using a marker pen to order the priority on the patient's forearm. Belle with the orderly mind was armed with a clipboard and kept records of patients' names and the various treatments. I was trying to maintain some sort of order among the many cartons of medical supplies and other stuff in the Toyota van.

Crowd control was a bit of a problem and it would be necessary to emerge from the van from time to time to move the more curious onlookers away and create a bit of space for the doctor and nurse. Belle would do the running between Dr Sandy and our mobile pharmacy in the Toyota. Usually I knew where the item was located. We had cartons stacked almost to the roof and invariably the required article would be a box or two down from the top and under a layer of something else. It became easier as the stores decreased.

The quite mature age nurse appeared to work very well with the young doctor. On one of the very first camps we attended things had settled down a bit and Phe went off for a break, probably for a quick smoke behind the lavatory. As she strutted past the van she tossed a glance in the direction of the 'surgery' and muttered "He's **very** proper". He was too. We had all agreed to Sandy's directive to take universal precautions in looking after ourselves. The eagle-eyed young doctor could spot an un-gloved hand at fifty metres in poor light. But he worked away as if he were in the sterile and air-conditioned treatment room of a city hospital. Very focused, never hurried and conspicuously caring, he was in his element.

Sometimes the roles changed a bit. I could lock up the 'pharmacy' for a while when called to give assistance. That usually involved tasks that would normally go to the nurse's aid - like washing injuries prior to redressing. Water was precious. The good people of Colombo had, very early in the peace, started refilling drink bottles with drinking water and sending them by the truck load to devastated areas. The crowd would watch closely as we used their drinking water with antiseptic soap to clean up injuries.

When the need arose Sandy would do 'house calls' and visit those patients unable to attend surgery. They would be resting under makeshift shelters or in the shade of trees. Most of the patients needed ongoing treatment for injuries and there were many who were suffering chronic disorders and whose needs had not been met because of the Tsunami. Our war chest was comprehensive enough to treat all-comers.

The dynamic was changing very rapidly. International aid groups were becoming more and more conspicuous. Sometimes we would arrive at a camp to see a medical team just leaving. In the early stages we would frequently hear of villages nearby where people were said to be suffering terribly, but by the third day it was becoming more and more common to arrive at such places to find that some assistance had already been rendered. Whenever we passed towns with hospitals we would check whether they were able to cope and often help replenish any deficiencies in their medical supplies.

The awfulness of the destruction and suffering was tempered by the kindness of people who offered us food and shelter and the spirit of cooperation in the villages. It gave us a warm fuzzy feeling to see the international community on the ground so quickly and working so effectively. The great hope of course was that the support would still be there for the next phase, rebuilding these communities.