To get a complete picture of the Permanente physician, it is important to highlight life outside the normal work environment. Possibly nothing demonstrates the compassionate heart of Permanente better than the amazing response to the December 2004 tsunami disaster.

Approximately three weeks after the tsunami struck the northern Sumatra province of Indonesia, I joined a medical-surgical team of volunteers from Baltimore. Although I have been on numerous short-term missions to developing countries, I was not prepared for the devastation. I was not alone; many other Kaiser Permanente (KP) volunteers joined the relief effort. You will see from their stories that they also had life-changing experiences.

To give the Journal reader a glimpse of what these physicians and other clinicians experienced during their volunteer work in Sri Lanka and Indonesia, we have prepared this edited compilation of writings from some of these relief workers. Writing their stories is important not only for sharing experiences with others but also for these physicians to gain perspective and insight into their own personal experience. Writing deepens empathy. The testimonies and pictures are only the tip of the iceberg—many others in KP contributed.

—Lee Jacobs, MD, Section Editor

Introduction

Physicians take many paths to finding meaning in medicine. For the doctors of the TPMG International Tsunami Disaster Relief Team, humanitarian medical work in South Asia provided meaning and much more.

In the following collection of essays, you will read of these experiences and of the lessons learned. Teams confronted rare diseases and complicated medical cases with minimal resources. They developed large-scale public health programs as part of a collaborative international team. As medical volunteers in areas ravaged by both civil war and tsunami, teams were challenged to be resilient and flexible, to maintain an open mind, and to improvise. We were reminded of the tremendous wealth of our communities, the value of our own skills, and the personal rewards of serving where the need is so great. Both our international colleagues and our patients inspired us to maintain our hope and idealism in the face of immense tragedy and sorrow. Above all, we shared with our colleagues, our staff, and even with our patients, a tremendous sense of pride and gratitude as we watched KP set the standard for corporate compassion and responsibility.

However, the most important stories are about the people we served. Bearing witness to their experiences and learning first hand of their lives was not always easy. As Brian Hertz, MD, our Team Lead, recently explained upon accepting the American Red Cross, Bay Area Region, International Humanitarian Hero Award, “Humanitarian work requires that one struggle to be present and stand in close proximity to those who are suffering.” Supporting this work, he says, “… allows us, as relief workers, the opportunity to continue to expand the boundaries of human consciousness. This is a consciousness that says that humanity in its highest form does not willingly leave its wounded to suffer alone on the road. It is through these actions that we truly make our lives richer.”
December 26, 2004
Banda Aceh, Indonesia

Banda Aceh was a city of approximately 450,000 people located at the northern tip of Indonesia. The epicenter of the 9.0 earthquake (one of the largest on record) was approximately 150 miles off the coast of Sumatra at the boundary of the India and Burma tectonic plates in the Andaman-Sumatran subduction zone. It has been reported that one of these plates suddenly dropped 100 feet creating a plunger-like effect resulting in the tsunami. Satellite photography suggests that the waves traveled up to 200 mph until they approached Indonesia. The first waves struck northern Indonesian shores within 15 minutes, at approximately 9:00 am on December 26th. Gigantic waves continued to strike the shores throughout the Indian Ocean over the next 4-5 hours. The countries most severely affected were Indonesia and Sri Lanka.

The people of Banda Aceh did not have a chance. The destruction was not just the coastal villages, but also included the city’s flat, highly populated area that extended up to two miles inland from the shore. As of January 26th, the dead and lost in northern Indonesia approached 230,000 with 2000 bodies found that first day.

The devastation in and around Banda Aceh was indescribable. Miles and miles of cement slabs were all that was left. The scene from an atom bomb could hardly be any different. I was reminded that large numbers of people had lived here when I passed by the many mass graves.

— Lee Jacobs, MD

First True Chance

By Sarah Beekley, MD – Sri Lanka
Regional Chair, Physician Satisfaction and Wellness Leaders
Redwood City, CA

A team of three doctors, we were part of the initial humanitarian response sent by our colleagues at KP to a remote refugee camp for the villagers from Mankerny, where aid had only just begun to trickle in. We set up our mobile medical clinic with a few scavenged chairs and tables, and the lines of patients began to form.

Toward midday, the line was interrupted by a small child’s request for the doctors to visit her 18-year-old sister who, the night before, had delivered a seemingly healthy baby at 36 weeks. The family had heard that an American pediatrician was in the camp and they hoped that we would come to check the newborn. The young girl led us down a dusty footpath, until we crossed the boundary between the makeshift tent camp and the neighboring village. The village’s palm frond fences marked the borders between thatched huts, and we could see what life must have looked like in better times. Finally, we reached a small, tidy compound of huts. By this time, a shy and inquisitive crowd, made up of three generations of the young girl’s family, had joined us.

Among the crowd was the midwife who had delivered the baby. Reportedly 80 years old, she was lithe and nimble and moved with the grace of a ballerina. She invited us into the compound and explained, with obvious pride,
that this new baby was the fourth generation of this family that she had delivered.

“How many children have you delivered?” We asked. “I don’t know,” she replied “the wave took my journal, as well as all of my equipment, including my only pair of scissors.” She stated, with obvious pride and authority, “We cut the cord with a well-boiled kitchen knife.” With that explanation, she brought us to the door of the smallest of the shelters in the compound. Inside, legs outstretched, on a palm mat that was her only protection from the mud, sat the smiling young mother. Cradled in her lap, swaddled in worn, but freshly washed clothes, lay the small but perfectly formed child. With her new mother’s pride tempered by maternal protectiveness, she gingerly undressed the infant for us to examine. Between two delicate pieces of cloth lay the umbilical cord, still thick and gelatinous, as clear evidence of the newness of this life. Tiny but perfect, covered in the dark hair of its preterm birth, the infant captivated all of us. The first grandchild, the first baby born since the tsunami overwhelmed their family, the first chance for true hope—the first source of true joy. Despite having attended hundreds of births, I had never felt such awe at the blessings of a healthy child, or such gratitude for having been invited to witness the wonder of it.

As the day ended, we said our goodbyes and were escorted by the midwife and her young companion down the dusty paths to our mobile clinic. There, with gratitude once more expressed from all sides, we said our goodbyes. The senior member of our team rustled through the trunks of supplies that KP had sent with us and presented the midwife with a suture kit as a replacement for her lost scissors. Watching the midwife walk away, holding the precious and unexpected gift close, we all wished we could be at her next birth, to share in the experience, and to learn from her skill.

That night our team quietly shared the wonders of the day. In the last few weeks, we had witnessed tremendous tragedy, suffering, struggles, dignity, pride, and now, joy. Sharing these life-altering events with the people of Sri Lanka was a precious gift. However much we accomplished during our medical mission, we felt as though we were the ones who had benefited the most. To quote a colleague, Randy Bergen, MD, “Seeing their strength has made me stronger. And being able, in a small way, to share their pain allows me to feel the good and bad of this world more intensely.”

I have heard many colleagues say that doing humanitarian relief work always gave them back much more than they felt they had given to their patients. It is now my turn to say the same. ❖

Drs Beekley and Meghani, Mankerny Camp. Photo by Regina Pietersen, RN.
Compassion—An Ever-Present Mission

By Hernando Garzon, MD – Sri Lanka Emergency Physician
Sacramento, CA

I write about my experiences in Sri Lanka on the tenth anniversary of the Oklahoma City bombing. That day ten years ago, when I searched the smoldering rubble of the childcare area of the Murrah Federal Building frantically looking for a living survivor but finding only body parts, is as vivid for me today.

Although these experiences are traumatizing, disaster relief work has become the most profoundly positive and deeply moving work I have ever done.

When the tsunami struck, the entire world had front-row seats, thanks to the technology of cell phones, videocams, and Web blogs. The $2 billion pledged so far and the thousands of disaster relief workers that have poured into the affected areas are clear indication of the global empathy for the victims of this disaster. I’m very proud to belong to an organization that sent 300 volunteers to relief efforts. I’m privileged to have been one of the first to go.

As with other disaster relief experiences, Sri Lanka has filled me with some degree of internal conflict. How do I come to terms with such positive feelings and sense of personal growth when such devastation and suffering has occurred in the lives of so many? Sri Lanka has also given me a greater sense of appreciation for the simple things in my life. I am more grateful for my life, my family, my patients, and my friends. It is easier and also imperative to be a compassionate being. To relieve suffering in any way I can is an ever-present mission.

Excerpts from Robert Pearl, MD’s address to TPMG Board of Directors, at the April 2005 Directors Meeting

“We have now completed our efforts to assist the victims of the tsunami in Sri Lanka and prevent an epidemic of malaria in Indonesia. The success of these programs exceeded my greatest expectations. In Sri Lanka, our physicians cared for thousands of individuals, both those with acute problems from the disaster itself and those with secondary problems from contaminated water, infectious diseases, and psychological trauma. In Indonesia, our three teams completed a three-month partnership with the MENTOR Initiative. They made significant inroads in malaria control and abatement, potentially saving tens of thousands of lives.”

“As the premier medical group in this country, we are fortunate to have the ability to support a unique relief effort such as this one. Our organizational culture of compassion and commitment allowed us to respond swiftly and effectively to this natural disaster. Hundreds of our physicians volunteered their services, but unfortunately, we were not able to utilize all of their expertise. Our hope was to send more physician teams to Sri Lanka, but given the circumstances, no additional teams will be going overseas. I appreciate your willingness to volunteer your services.”

“Our history as a program includes many fine examples of when Kaiser Permanente was willing to step forward, and as a result, serve as an example and role model to the rest of medicine and the nation. I am grateful to those who went to South Asia and to their colleagues who remained here and provided outstanding medical care to the patients of these physicians.”

“As an organization, we try to do the right thing, and in this case, we did just that. I know that we will be ready to help should something of this magnitude occur again. I am confident that should our assistance be needed that you and your colleagues will once again volunteer to serve. On behalf of our entire medical group, I thank you.”

— Editor’s note: On September 12th, working in collaboration with the US Department of Health and Human Services, Kaiser Permanente fielded the first of multiple teams to the Gulf Region to assist the victims of Hurricane Katrina.
A Cough and a Child

By Cathy Baker, MD – Sri Lanka
Ob/Gyn
Roseville, CA

I keep thinking about this guy. He initially asked for treatment for his cough, a common complaint associated with the stresses that all the tsunami refugees suffered. I thought of it as their culturally appropriate way of expressing posttraumatic stress syndrome. Nonetheless, I listened to his lungs, checked his blood pressure and asked him about his other symptoms. Everything appeared normal for a middle-aged man.

Then we asked him about his family. He and his wife had tried for many years to have children. Five years ago, they had finally had a daughter, a delightful child and a joy to be with, she was his reason to laugh. He delighted in being her father. Now he had lost everyone—his beloved child, his wife, and all of her family.

He sobbed. The interpreter, also crying, could barely talk. I was crying. The only thing I could do was to give him a prescription for vitamins. Maybe it would help his immune system.

A Wave and Two Children

By Christine Fernando, MD – Sri Lanka
Rheumatologist
Sacramento, CA

From Colombo, the capital of Sri Lanka, it’s an eight-hour drive to Batticaloa, one of the areas most affected.

At the earliest opportunity, we visited the campsites of the tsunami victims. All related heart-wrenching stories of loss. One woman described how the waves pulled her month-old infant and three-year-old son out of her hands.

In addition to giving medical assistance, I became a counselor, often returning to our vehicle to cry. A few asked, “Why am I still living?” Having no answers was the hardest thing for me.

At the end of long days, we had each other for support. I am so grateful to my teammates, Sarah Beekley and Hernando Garzon, for their support and their friendship. We all became true friends as we traveled in Sri Lanka.

This will not be the end of my involvement in disaster relief. And I look forward to the ways that I can contribute more in the future.

Strange Alliances

By D Scott Smith, MD – Indonesia
Internist and Infectious Disease Specialist
Redwood City, CA

The tsunami stopped the war and brought many people together from incredibly diverse backgrounds—from around the world and from the local area. It was exhilarating to work shoulder to shoulder for long hours, in an effort to make things a little better.

If some of the strange alliances that developed after the disaster would only persist, this world would be a much better place: The Terminix Company worked together with the Indonesian military to spray for insects; the military took on completely different roles: delivering food to the hungry and setting up diagnostic testing centers.

Like others, I was amazed by the devastation, but I felt uplifted by the opportunity to be part of the unified effort.
kp in the community

The Pictures Children Drew

By Heena Majmudar, MD – Indonesia
Hospitalist
Walnut Creek, CA

I always wanted to help people in need and make a difference in their lives. When the tsunami hit, we all know that there was tremendous devastation and that several thousand families lost loved ones. The aftermath created the possibility of another catastrophe. An epidemic of malaria could worsen the problems of an already suffering people. When KP offered me this opportunity to go to Banda Aceh and help the people affected by the tsunami, it perfectly matched my vision of helping people in need.

I delivered backpacks to one of the elementary schools. It felt so good to see smiles on the children’s faces. The children drew pictures of how they were saved from the tsunami to show their gratitude and appreciation.

I am a part of the Aceh community and getting to know the Acehnese people, I was able to see their strength and to share their pains in a small way. I was impressed by the resilience and courage of these people, and that made me stronger. This experience helped me realize the importance of life. It was a journey on an incredible mission.

Dr V, Batticaloaa
Attending

By Joshua Weil, MD – Sri Lanka
Chief of Emergency Medicine
Santa Rosa, CA

Today was a nice day. I’m beginning to feel comfortable being driven around. Getting behind the wheel here would be bumper-car madness. I like the sights that are now becoming familiar—funky traffic, school children in waves on bicycles, street vendors, working cattle, strolling cattle, goats, dogs, shops, colorful clothing, and the daily hustle that is Batticaloa.

We are still organizing the new phase of mobile clinics for the camps, so we are unable to go back until Saturday—I hope. Today I rounded on the cardiac care ward, ICU, poison ward, and medicine ward—about 70 patients. It is fascinating. Dr Vivekanandarajah is the attending for all of these wards. In the US, often a different physician would attend each ward, for larger wards like medicine. Dr V has attended at this hospital since the 1970s. He says that in the 60s it was a pretty good place to practice, with plenty of staffing and a new facility. However, since the civil war, neglect resulted in physicians leaving. For a time, he was the only physician for the entire hospital! Now he feels it’s about 40 years behind the times. Though better than a few years ago, it would be easier for him to practice in the capital (Colombo) or even in the UK. However, he is dedicated to the people of this area. To me, he embodies the important qualities of a physician and a person.

Indonesia—What We Heard: Eyewitness Accounts From Survivors

Because emotional support was a major focus of our clinics, we discussed the tsunami with everyone we cared for and so heard firsthand from those who witnessed the disaster.

We heard amazing stories—some of survival but almost all tragic. It was repeated several times that in these villages, unlike in the city where almost no one survived near the water, you only lived if you could run fast and climb a tree. Fathers away from home returned only to learn that their wives and children were killed. Everyone we saw in our clinic had heartrending stories to relate.

—Lee Jacobs, MD
Two Little Girls and My Daughter

By Linda V Packia Raj, MD – Sri Lanka
Physician Medicine and Rehabilitation Integrative Medicine
Santa Clara, CA

For me, the most cherished moment is the same as the toughest day. It was hot when the grenade went off at the political office a block from the hospital. Sarah (McCarthy) and Cathy (Baker) were driving by. We were sharing a house with eight people. Half of the team wanted it cool, half wanted it hot. Half of the team felt it was dangerous in the house; the other half thought it was safe because the incident was like a drive-by shooting in LA. We were expressing internally the external turmoil we were in. We were concerned that if we were injured, it would jeopardize the future of "Kaiser International," as we thought of ourselves. We went to the orphanage to see a displaced five-year-old. She did a little dance; she acted so cute. Just behind her stood a girl in a pink, ruffled dress, crying. She had just come to the orphanage the day before because her parents had lost everything and had to give her up for her survival. Watching them ... my daughter is three, I love her so much; I can't imagine how terrible it would be to have to give up your child, the sacrifices people made out of love.

The Small Things

By Karen J Kruger, MD – Sri Lanka
Pediatrician
Richmond, CA

Our first visit to the beach in Batti was one of the most memorable moments of my life. Tropical beaches are my favorite of nature’s gifts. Tremendous efforts had been made to partially remove debris, but uprooted trees and demolished homes were still everywhere. The small items grabbed my heart ... a child’s shoe up in a tree; a broken pot; one lone fishing boat at sea; families afraid of the water, angry at the water; young men hanging out at the shore, talking and laughing like you would see on any beachfront, except they were carrying rifles. I saw the generosity and resilience of human nature: terror, joy, peace, faith, love, destruction, and reconstruction. That day, I heard stories at the camps of heroes saving neighbors, stories of unimaginable loss and unimaginable strength. It was profound to stand in one place where all these parts of life took place. I am tremendously grateful to KP for supporting this project. I am enormously proud to be working for such a terrific organization.

People Lost Everything Twice

By Malti Charlu, MD – Sri Lanka
Medical Director of the Anticoagulation Clinic
Santa Teresa, CA

When we arrived, the geopolitical situation in Sri Lanka was rapidly changing, and the acute disaster relief was evolving into a long-term rehabilitation mode. Our task was to identify projects that would make a significant improvement in their health care system, thereby making "Kaiser International," as we were known, an unforgettable entity in Batticaloa. Each of us, in our own specialty, focused our energy on the Batticaloa General Hospital, even though we were fortunate enough to visit the relief camps assigned to us by the local health care professionals. Knowing Tamil, the local language, helped me communicate with the people so enormously affected by the tsunami and by the 20-year civil war. People had lost everything twice in their lifetimes. We were helpless listening to their stories, because we could offer no immediate solution except just to listen and to cry with them. Many people had chronic medical conditions, such as hypertension and diabetes—out of control due to the disaster. We could do very little to help. Many sought our medical expertise from the neighboring towns and villages after traveling long distances to see us. We could often treat acute ailments such as fever, various infections, aches and pains, sprains and fractures, insomnia, and pregnancies. Most people were anemic, and all we could offer were a few iron pills and vitamins!

What strikes me most is that our administration stepped outside the box and took a major risk by committing the personnel and funds to help those in need from a distant disaster. During this project emerged the best in all of us and our families and made us proud to be a part of KP—or "Kaiser International" as the locals call it.
The Importance of Working Together

By Mary Meyer, MD – Sri Lanka
Emergency Physician
Walnut Creek, CA

The prevailing atmosphere of goodwill and helpfulness of the refugees and all the health care providers I met struck me the most. I had the privilege of interacting with a number of volunteer organizations in Batticaloa, including the Italian Red Cross, Oxfam, Unicef, and Doctors of the World Greece.

At one point, when my partner, Lali Thambi, and I found ourselves homeless, a volunteer group from England moved mattresses to make room for us. We later returned the favor and took in two nurses who were having trouble finding housing. We met physician staff from the local hospital, Batticaloa General and, during our three-week stay, were invited to dinner at several homes. In each case, the people we encountered were eager and excited to share resources, information, and emotional support. It was a true pleasure to work in such an environment, and something that I brought home with me. I work in a busy ER, and sometimes in my day-to-day life at KP, it’s difficult to remember the importance of functioning as a team, of lending a helpful hand or ear to my colleagues. When I am tempted to put blinders on, I remember the universal generosity of those I encountered in Sri Lanka, and it inspires me to do better. It is one of the best things that came from my experience.

I think that I can speak for all the doctors involved in the tsunami relief project when I say that we all hope that KP will continue international medical humanitarian work. As a formally sponsored project within KP, this relief project has set a standard of corporate compassion and responsibility for large and successful US-based nonprofit corporations. Seeing KP formally involved in humanitarian work has given so many of our staff, physicians, and members new reasons to be proud of our organization and has renewed physicians’ satisfaction with their work. For this work to continue, the challenges are safety and choosing projects that are cost-effective and time-limited to minimize the sacrifices made by our members. Based on my own experience, I am confident we can achieve these goals, and I hope that we will find the organizational will to continue this work.

—Brian Hertz, MD, Program Director, Family Medicine
San Rafael, CA

School House Horror

By Randy Bergen, MD – Indonesia
Chief of Pediatrics; Pediatric Infectious Disease Consultant
Walnut Creek, CA

My hardest moment was at a village called Lamno, on Sumatra’s west coast. While delivering supplies during malaria training, we drove by a school. The sight of this school brought me to tears—I missed my own two girls. On the ground floor of a very solid, three-story building, only a skeleton of the support columns remained—all the walls were gone. On the second floor, the exterior walls were gone; and on the third floor, above the level of the wave it was completely intact. No child on the ground floor survived. Most on the second floor died as well, but all of the children on the third floor lived. What horror those children must have experienced.

Unlike the clinical work of the Sri Lankan teams, our work was almost exclusively public health: teaching, and advising. In that role, it is harder to be certain of your impact. When we left for the airport, our Indonesian coworkers and friends filled the vehicles, and we formed our own motorcade, rivaling the VIPs. The people there know that even wealthy Californians care about them and want to help them recover from this disaster.
Mama Donut

By Nancy Torres, MD – Indonesia
Pediatrician
Roseville, CA

I will always remember “Mama Donut.” She was a woman on a small island at the most northern tip of Aceh Province. She told me how she had lost several relatives in the tsunami, including her young son. He had run down to the ocean excitedly when the water receded to see many fish jumping. He was grabbing at fish as she stood watching on the hillside when the wave took him. She did not cry telling me her story, but her face showed her unbearable grief. I felt so helpless. All I could do was buy more donuts from her than I could ever eat and hope that by listening and acknowledging, I might offer some solace.

A Casualty Come to Life

By Sarah McCarthy, MD – Sri Lanka
Obstetrician; Assistant Physician in Chief
Vallejo, CA

The physical evidence of the tsunami was overwhelming, incomprehensible. Our team quickly accepted the omnipresent military presence, the frequent checkpoints, the bunkers and garrisons, and the warnings about landmines. After all, life in town went on. It was only through the refugees’ telling of stories that I began to understand the larger impact of the decades-long civil war.

One family recounted their second stay in the refugee camp; the first was after fleeing from rebel fire, the second after losing their home to tsunami. They voiced no self-pity, borrowing cups for limeade from a neighbor tent to extend their hospitality to our team. A six-year-old girl’s new home was an orphanage after her father died in a bomb explosion at a full moon festival on the beach. At first, she was considered a casualty until someone witnessed her slight movement in the morgue. People told many stories of lives, families, and homes disrupted from poverty and the civil war, which had caused twice as many deaths as the tsunami.

As the international effort transitioned from tsunami relief to development efforts, I was struck by the fundamental discrepancy in the way the world responds to a natural disaster as opposed to a man-made disaster. What could we, as citizens of the world, accomplish if each individual annually contributed the amount s/he donated to tsunami relief? How much suffering from starvation or AIDS could we prevent? Choose an international relief effort and let us find out.

KP Made a Difference

By Regina Pietersen, RN – Sri Lanka
Pediatric Nurse
The Netherlands

Most of KP teams had one person able to speak the local language. It makes things easier, removing a barrier and putting you closer to the people, and the people closer to you. Although some doctors might think they achieved little, they showed a different way, a change of perspective. If you were a doctor who listened, you made a difference.

Working with KP gave me the opportunity to work outside my normal work as a pediatric nurse/neonatal nurse trainer. I shared my knowledge about the country, the city, the culture. Many people from around the world worked together.
Flying Turtles

By Shirley Tamoria, MD – Sri Lanka
Family Medicine
San Francisco, CA

I was born in San Francisco and raised in Hawaii. Water, a symbol of new beginnings, birth, and forgiveness, has also represented rageful storms, life’s endings, and deaths. I grew up loving the ocean waters. I rode waves, dove from high rocks and floated in her immense embrace of calmness. Mostly, I have seen the ocean as a friend, full of energy and energizing. My parents were stern about teaching us to respect the ocean: we were not to turn our backs to her; we needed to know the strength of the waves; predict when it would crash on the shores and learn to deftly dive into her waves, gliding through liquid glass to avoid collision. Tsunamis were no strangers. One of my teachers drowned in a huge wave, and one of my surfer friends was paralyzed by the force of smaller waves.

I considered myself “blessed.” My amakuas or “angels” had great mana or “powerful grace” and kept me safe. The “healing” sea turtles were my amakuas, and they have saved my life more than once. Once while boogie boarding, a friend and I were caught in a rip tide that took us at least a mile offshore. I felt my heart beating fast, anticipating the worst. My friend was a pianist visiting before a concert at Carnegie Hall. If anything happened to her, I was not going to hear the end of it. Then they appeared. Suddenly, two sea turtles flanked us on each side and led us at the right moment to a huge wave that carried us right onto the beach. It was the best boogie board ride of my life and the fastest ever. We both lifted ourselves up on the sand somewhat dazed at the unexpected gift, and we spoke very little. We understood our amakuas had led us to safety. Who would believe us?

On December 26, 2004, I was kayaking with my niece and nephew off the west shore of Oahu. It was unusually rough, but I had been in rougher waters and just kept heading out quickly to push beyond the breakers. Usually fearless, my niece and nephew were tentative and unsure. I kept assuring them that we would have smooth sailing beyond the breakers. Suddenly, two turtles flipped up into the air six feet high and our kayak seemed to jolt as well. The children started crying and begged me to turn around. I thought that they were overreacting but, nonetheless, it was very unusual for two turtles to flip into air. My nine-year-old nephew wept, paddling furiously and demanded that I hurry. My five-year-old niece just wept quietly, trembling and leaned in close to me.

When we arrived home and watched the news, I understood what had happened. Our amakuas were keeping us safe, warning us to be careful, to watch out, to listen with our hearts to those cries across thousands of miles of ocean. My nephew and niece cried and so did I.

When I returned to San Francisco, an e-mail arrived inviting us to volunteer to do medical relief in Sri Lanka. Having just returned from Hawaii, I had no more vacation time but I kept staring at the invitation on my computer screen. I couldn’t hit the delete button, so I took a deep breath and typed, “I am interested” and gave my list of qualifications. When I heard that the first team had been deployed I never thought that I would be asked to go on the second deployment. I had always wanted to travel to Sri Lanka because of my interest in Polonuwaru, where one of my mentors, Thomas Merton, had experienced “enlightenment.” When asked if I wanted to go to Indonesia or Sri Lanka, I knew already that I wanted to go to Sri Lanka.
I Got More Than I Gave

By Steven P Chan, MD – Indonesia
Internal Medicine
San Francisco, CA

Even before the KP Northern California Regional Office decided to support a tsunami relief effort, my wife knew that I would go to Sumatra right after the news of the tsunami hit the airwaves. She knows me better than I know myself.

I did not think I had the skills to help anymore. The days of Peace Corps Malaria Control Program were 25 years past. My internal medicine practice in San Francisco consists of caring for patients with HIV and lifestyle-related health risk reduction.

What in the world could I do in a disaster of unimaginable proportion? I was lucky to be accepted as a member of the second KP team going to Sumatra to join the MENTOR Initiative to contain the threat of malaria in the Province of Aceh.

I got so much more from being there than the Indonesians got from me. Our contributions were minuscule compared to their needs, but we all returned with hearts filled with the joys of meeting and working with incredibly strong and resilient people, the sorrow of seeing so much loss, and, finally, the pride of being a part of an organization that cares.

Change the World

Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has.

— Margaret Mead, 1901-1978, American Anthropologist

A Purely Humanitarian Effort

By Mihir Meghani, MD – Sri Lanka
Emergency Physician
Fremont and Hayward, CA

KP’s tsunami relief effort was unique: All aid and relief was purely humanitarian. There was no commercial, religious, or political agenda. I was honored to serve with a dedicated team of people, backed by our organizational resources. Serving people in need, working through complex situations, negotiating with several entities, communicating with local people who did not know English, and coordinating with our team in Oakland will all be with me for the rest of my life. After returning, a friend I made there wrote, “We were blessed by your team’s selfless efforts. If more people like you helped in other parts of the world, conflict would surely end.”

Acknowledgment

The authors would like to thank Kathryn Griffin for her efforts in helping to pull these stories together.