Letter to Editor:

The Dust of Kutupalong

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We, IMARET Team 6, embarked on our journey to serve the Rohingya refugees of Kutupalong Camp and adjacent camps in Coxs' Bazaar, Chittagong South East of Bangladesh on the 17th of January 2018.

Dr Ibrahim an OSH specialist headed our team. It included Dr. Jamali, an OBGYN, Dr Saadiah, a dermatologist, medical student Asiah and yours truly.

We spent nearly two weeks attempting to provide some medical relief to the residents/refugees of the Kutupalong camp and other surrounding camps.

The Road

The routine would be an early breakfast and a one to one half hour ride to the camp.

The route was idyllic enough, passing by the beaches of the Bay of Bengal, Cox'sBazaar boasting the longest beach in the world.

Then through small bustling Bangladeshi roadside towns selling all the necessities of a rural community, then passing beautiful paddy fields tilled manually by men, women and children.

The occasional Buddhist monks and monk apprentices are seen walking these roads in total peace.

Then onto the dusty road newly built by the Bangladeshi army to reach the camps.

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Kutupalong

Kutupalong houses nearly 600,000 refugees most newly arrived since the massacres by the Myanmar military abetted by Buddhist extremists.

The refugees have walked for many days with only the clothes on their bodies and whatever possessions they could carry when their villages were burnt, their babies and elderly thrown alive into the fires of their burning homes and mosques. Their men slaughtered and beheaded, their women multiply raped.

They walked for days over hills and crossing rivers in fear and hunger. The pregnant, the kids and elderly they walked and walked. Many did not complete the journey.

After many days of treacherous walking, the refugees finally found shelter in these mega camps. Viewed from the crest of the hill, all the denuded hills are laden with thousands of small shelters 10 x 8 feet, some of canvas many of just sheets of plastic. In these shelters live parents, grandparents and children. They cook, sleep and shelter on the compacted earthern floor under a canvas or plastic roof. The children running around half naked, the old reminiscing outside these shelters while the women cook meager meals in these tent shelters.

The Walk to the Clinic

Our clinic on the hill top required a 20 to 25 minute walk from the dusty army road navigating the hap hazard makeshift shelters along the hill slopes.

Not an easy task for the unfit.

We pass by children shouting "how are you?' obivious of their plight.

We pass kids barely ten years old carrying heavy loads of wood on their shoulders from far distances as wood is getting scarce nearby. They are now resorting to dig up roots for firewood. This is their only form of fuel to cook.

The clinic (Primary Health Care Centre)

Strategically perched on a hill, our clinic is made of bamboo and canvas as most of the structures here are.The clinic was built by OBAT helpers (an NGO based in Indiana USA) and IMARET partners with them to provide the doctors to run the clinic and medical consultancy.

A shelter of bamboo and plastic/canvas can be made in a couple of days, a bigger structure in three to four.

The clinic is nicely partitioned with 4 consulting rooms, an antenatal clinic, an emergency bay, and a birthing cubicle.

There is a patient waiting area, a pharmacy and a triage area.

We see up to 180 patients a day, the whole gamut of human ailments including the pregnant and the newborn.

The most important part of the consultation is the gift of a smiling face and a comforting voice. The refugees are exhausted just trying to survive day to day in a harsh albeit safe, foreign environment and just to have an understanding listener (via a translator) and a smile makes their day.

The translators themselves have their own stories to tell, of friends being shot in front of them and running for their lives, of whole families butchered, of friends left behind, of homes torched, destroyed mosques and murdered family members.

Lunch in the clinic is just a banana or some chips and water. It was difficult to eat knowing the refugees were waiting to be seen, imagining that they probably had no breakfast and had walked hours to reach us. These were not healthy people. 70 year olds were walking up and down hills for hours to meet the doctor for a consult and whatever available medications. Some were carried in baskets or piggy backed by their relatives and friends to the clinic. Totally heart breaking scenes.

We are trying to set up a fully functional primary healthcare clinic with decent outpatient facilities, emergency room, maternal and child health clinics and alow risk birthing centre. The next big project would be inpatient wards to manage sick patients referred from nearby clinics and our own outpatient clinics.

We work through the day and have to leave by 4-4.30 as we are not allowed in the camps after dusk for security reasons.

We sometimes leave at dusk to the sounds of the muezzin all over the camp calling to the dusk prayer.

So we walk back in the evening greeted by the ever smiling children, the elderly and smoke from the shelters, the womenfolk preparing dinner before darkness sets in.

We reach our van dusty and tired but hopeful that we did some good this day.

The drive back if we are lucky gets us to see the sunset by the beach, but sunset means darkness to the rohingya in the camps, for there is no electricity in the camps.

Again mixed feelings.

We eat our dinner with guilt for we are acutely aware of the poor meals that those in the camp will be having if any.

The Mobile Clinic

We also run Mobile clinics with our local partners, CSBD (Charitable Society of Bangladeshi Doctors), and doctors from IMANA (Islamic medical association of North America).

This means setting up a temporary clinic in a small hall in one of the camps, where there is no near medical facility and the refugees have no easy access to doctors. We typically see 400-600 patients a day. Again painful to see the old, sick and children queing in the sun to see these foreign doctors who don't speak their lingo. The

clinic consists of 5-6 tables, a partitioned room for female patients and a dispensary.

The mobile clinics are run daily by our local partners and IMANA. It is a great boon to the refugees who cannot travel far or who are too ill.

The volunteers

We met amazing people, heard harrowing stories of the cruelty of humankind to those of a different colour, belief and culture.

But we saw too the beautiful side of humankind.

Together with us were other volunteers of various backgrounds from various corners of the world who temporarily left the luxurious life to have a feel of the sufferings of the Rohingyas.

The Turks, the Indonesians, the Canadians, the Germans, the Americans and so many others.

The German nurse who left her job, travelled by bus for 12 hours from Dhaka to reach the camps. Leaves every morning at 6 am from Cox'sBazaar to reach the border to help in the relocation of newly arrived refugees. Stays in a an unfurnished apartment and takes a tuktuk(tom-tom) to the camps.

The American Nurse who shares the austere apartment with the German nurse.

Both these ladies have no relation of creed, colour or nationality with the Rohingya but sacrificed a part of themselves only for the ties of humanity.

The female ophthalmologist, the nearly 80 year old American from Texas who sacrificed two weeks to serve the needy Rohingyas travelling a day and a half to reach Coxs bazaar.

The 62 year old Egyptian with three heart stents who walked over hill and dale to visit the shelters and mobile clinics.

Finally the Iraqi British surgical trainee who was backpacking through South East Asia and was contacted to set up the clinic. He responded and built the clinic from scratch in the middle of the jungle. After four months of amazing effort it is now catering to so many of the needy Rohingyas.

Sometimes I guess, it takes horrors like this to bring out the best in us human beings.

May God bless them all.

We wonder what will happen in the upcoming months when the monsoon starts, with the hills shaved of the plants that secure the earth, thus the potential landslides.

The dust of Kutupalong may turn into rivers of mud.

We ask God to succour the Rohingya for they have experienced genocide and ethnic cleansing when the world had said ' Never Again'.

If you wish to support IMARET4Rohingya medical teams and missions please

Address your contributions to

Persatuan Perubatan Islam Malaysia,

Maybank Account 562834623415

Label #rohingya

On behalf of Members IMARET Team F

(Dr Ibrahim Zainuddin, Dr. Jamali Wagiman, Dr. Saadiah Sulaiman, Asiah Farihah)

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Reference:

KARAMAN, M İhsan. Humanity's test with the refugee crisis. **Bangladesh Journal of Medical Science**, [S.l.], v. 17, n. 1, p. 5-6, jan. 2018. ISSN 2076-0299. Available at: <https://www.banglajol.info/index.php/BJMS/article/view/35271>. Date accessed: 31 Mar. 2018. doi:http://dx.doi.org/10.3329/bjms.v17i1.35271.