KUTCH, GUJARAT  One year after the Gujarat earthquake

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unusual about this Saturday work-out, except that all these young people are victims of the earthquake that struck Gujarat 1 year ago, and are now wheelchair-bound paraplegics.

The disabled, especially paraplegics and amputees, are among the most visible reminders of the challenges facing Gujarat today as it struggles to cope with the gigantic tasks of reconstruction and rehabilitation. The earthquake which struck at 08:46 h on Jan 26, 2001, left a horrific trail of death and destruction (see Lancet 2001 357: 369). The estimated cost for the reconstruction of the health sector alone is Rs 3580 million (US$ 76 million).

The shed is part of a centre set up by Oxfam India, one of the humanitarian agencies working with paraplegics, amputees, and the mentally traumatised in the quake zone. The centre can deal with only 12 patients at a time—a fraction of those people who need urgent attention and long-term care. “I know I am lucky”, says 22-year-old Dhiraj Solanki. People in the centre get a high-protein diet of milk, cottage cheese, fresh green vegetables such as spinach, physiotherapy sessions twice a day, 24-h care, and sanitary living conditions—grand luxuries for most of the disabled in India. The disabled, especially paraplegics and amputees, are among the most visible reminders of the challenges facing Gujarat today as it struggles to cope with the gigantic tasks of reconstruction and rehabilitation. The earthquake which struck at 08:46 h on Jan 26, 2001, left a horrific trail of death and destruction (see Lancet 2001 357: 369). The estimated cost for the reconstruction of the health sector alone is Rs 3580 million (US$ 76 million).

For example, “At the early stages, lots of operations took place without sterilisation of instruments. Hospitals had been completely destroyed. There were no operating theatres, no structures. . . . Now, we see the effects. Many patients are coming in with malunion of bones”, says Hansa Dave of the general hospital at Bhuj which was destroyed in the quake.

During recent visits to the quake-affected villages, Oxfam physiotherapists and community helpers came across a 60-year-old man and a 6-year-old girl who had had amputations done because of gangrene. “Was this a result of medical negligence or absence of medical follow-up? These are not isolated cases. The plight of the disabled, especially the paraplegics and amputees is worrying. Past experience shows that disability never gets adequately addressed in post-disaster responses in this country”, says Oxfam India’s emergency coordinator P V Unnikrishnan.

A recent report by the United Nations Development Programme and the Kutch Nav Nirman Abhiyan, a coalition of local NGOs working in the quake zone, highlighted some of the continuing health concerns. The report demanded increased compensation for paraplegics; reassessment of compensation algorithms; comprehensive medical rehabilitation centres; and community-based rehabilitation centres.

Official statements claim the Gujarat government has provided “injury assistance” to 19 648 people; 5029 disabled people have been given supportive devices, and 88 people with paraplegia are “under surveillance”. There is a grand plan to build a state-of-the-art hospital at Bhuj at a cost of Rs 1000 million. But the health department is the only department that has not used government money in reconstruction and rehabilitation. Indeed, the donors themselves are doing most of the health-related reconstruction.

“Fixing fractures is not the end of the physical rehabilitation. Even if the bone heals, joint mobility does not come automatically. Neither does muscle strength. In the villages we visited, we saw many cases where there was no follow-up after surgery. Many others received callipers, wheelchairs, tricycles, &c, but there is no one to train the paraplegics so the gadgets lie unused”, says Ashok Patil, a physiotherapist associated with the Oxfam project.

Vacancies that existed before the quake have yet to be filled. Medical staff who flew to the quake zone in the initial phase have left. Doctors and nurses who are working today out of tents and other temporary shelters face awesome odds—lack of equipment, work overload, and scant resources. “We are getting the work done despite all the problems”, says a tired-looking G Dayalu, a gynaecologist at the Anjar hospital. The numbers of abortions, premature labours, and fetal deaths have risen in the past year, adds Dayalu.

Kutch district’s chief health officer D P Solanki says the government’s greatest achievement is that despite the magnitude of the disaster, and near-total destruction of health infrastructure, an epidemic has been averted. “WHO, UNICEF, the International Federation of the Red Cross, and several other national and international agencies have helped us in this.” The next problem, however, is “ensuring that construction of the hospitals, primary health centres, &c is speeded up. Things are behind schedule partly because in many places, the health structures need to be expanded and there is no land available in the vicinity. Secondly, UN agencies are rebuilding many of the establishments and the requirements for quake-resistant structures which meet international specifications are tough and this leads to delay in procurement of raw material.” Despite these drawbacks, there are other grand plans. Only time will tell how effective they will be.