Medical-Surgical Nurses Volunteer to Aid Tsunami Victims

Following the tsunami in Southeast Asia, health care and relief organizations from around the globe mobilized to aid victims in desperate need of food, water, shelter, and health care. This international effort brought together providers from many countries. Both governmental and non-governmental organizations were active in this humanitarian relief mission. The United States, United Nations, International Red Crescent/Red Cross, and military and governmental organizations of affected and non-affected countries worked side by side to provide health care and distribute much needed supplies and relief aid.

The United States military code name for the mission to assist in the tsunami humanitarian relief effort was Operation: Unified Assistance. Two of the most visible symbols sent by America in support of this operation were the aircraft carrier USS Abraham Lincoln and the hospital ship USNS Mercy.

In its relief effort, the United States took the very unique step of blending the United States Navy, the United States Military Sealift Command, the United States Public Health Service, and a non-governmental organization Project HOPE into one health care delivery system by using Project HOPE and its volunteers to supplement the Navy and Public Health Service staff aboard the Mercy.

With its extensive logistic assets, the United States brought numerous American military units and support aircraft and ships together to assist the tsunami victims in one of the hardest hit areas, the region in and around Aceh Province and the provincial capital of Banda Aceh, Sumatra, Indonesia. Aceh Province had the misfortune of being nearest to the epicenter of the underwater earthquake which generated the tsunami.

The Call for Volunteers

The initial call for volunteers went out over the Internet from Project HOPE, requesting staff to supplement the Navy and Public Health Service staff assigned to the Mercy, one of two hospital ships in the current Navy inventory. The Comfort (T-AH 20) is based in Baltimore, Maryland, and the Mercy (T-AH 19) is based in San Diego, California. Both hospital ships are converted San Clemente-class super tankers; Mercy was delivered to the Navy in 1986 and Comfort in 1987. The ships are staffed routinely with a small crew of federally employed civilian mariners from the Military Sealift Command and Navy personnel to maintain the ship ready to sail within 5 days of notification. For operational purposes, the Military Sealift Command maintains the day-to-

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Note: In this column, the author describes some of the experiences of a medical-surgical nurse volunteer aboard the United States Navy Ship (USNS) Mercy. Mr. Yates served on the second Project HOPE (Health Opportunities for People Everywhere) rotation aboard the Mercy from February 26 to March 20, 2005. The earthquake and resulting tsunami of December 26, 2004, in the Indian Ocean affected 12 countries and hundreds of thousands of people across the region, and generated a tremendous humanitarian relief effort from the world community. American medical-surgical nurse volunteers were an important part of this relief effort.
day functions of the ship and Navy personnel staff the hospital components of the ship.

Hospital ships have inpatient capabilities comparable to major medical facilities. The Mercy and the Comfort each contain 12 fully-equipped operating rooms. They also have the ability to expand to a 1,000-bed hospital, radiological services, a medical laboratory, a pharmacy, an optometry lab, a CT scan, and two oxygen-producing plants. Both vessels have a helicopter deck capable of landing large military helicopters, as well as side ports to take on patients at sea.

Due to sail time and weather conditions, the Mercy arrived on station off the coast of Indonesia in January. Project HOPE’s request for volunteers generated a huge response. The coordinating staff divided volunteers into two rotations, one for the month of February and one for the month of March. Screening criteria for all Project HOPE volunteers consisted of having a valid U.S. passport, being a U.S. citizen or Green Card holder, having a current U.S. medical/professional license, having current clinical experience, and being able to commit to a 30-day rotation aboard ship. Current immunizations also were a requirement due to diseases present in the indigenous populations.

Travel to the Mercy

Dr. John Howe III, president and CEO of Project HOPE, assembled a superior support staff at the organization’s headquarters to coordinate and pay for the travel arrangements, hotels, and flights of all Project HOPE volunteers to join the Mercy. The rotation for most volunteers was 30 days. All volunteers worked without financial compensation and took leaves of absence from their normal employment.

For Project HOPE volunteers, the journey to join the Mercy involved a 19 to 21 hour flight from various locations in the United States to Japan, then on to Singapore, where volunteers were greeted by Project HOPE’s resource staff, including Lieu-
tenant General (Ret.) Howard Peake, former U.S. Army Surgeon General. After a short overnight hotel stay (midnight to 5 a.m.) in Singapore, volunteers took a US military C-130 flight to Indonesia, cleared through customs in Indonesia, and then took a U.S. military helicopter flight from an Indonesian military airfield in Aceh Province to the flight deck of the Mercy.

Once aboard ship, the Project HOPE volunteers were greeted by Brigadier General (BG) (Ret) William (Bill) Bester, former chief of the U.S. Army Nurse Corps, who was also a Project HOPE nursing volunteer. BG (Ret) Bester was coordinating the nursing volunteers in concert with Major General (Ret) Harold Timboe, who was coordinating Project HOPE physician volunteers.

Life Aboard the Mercy

Adapting to life aboard ship included Navy safety briefings in the event of shipboard fires, and man-overboard and abandon-ship drills. Each staff person aboard ship was issued an identification card with an assigned life boat number in the event of a situation requiring the staff to abandon ship. Patients were assigned to life boats based on each patient’s ward location within the ship. For all, the idea of a hospital fire is a most sobering thought; combining that with the fact of being aboard a ship several miles off the coast gave the principles of fire safety new meaning.

Sleeping quarters were open bays with three levels of bunk beds. Males slept in one section of the ship and females in another section. It did not matter if a volunteer was a physician or a nurse, everyone slept in open bays. Bunk beds aboard ship are stacked with only a three foot clearance, so there was no possibility of sitting up in the bunk. During the sleeping quarters orientation, all agreed to use minimal lights in the sleeping areas because staff members were working different shifts. Also, there was a rotating duty roster for cleaning the sleeping areas, emptying trash cans, and cleaning showers and toilets. These duties were rotated among everyone in the sleeping area.

Meals were served in a central dining area at standard breakfast, lunch, and dinner hours plus a late night snack time for the night shift staff. Time off was spent on the open decks, plus there were nightly inservice education programs. The ship also had a library and weight room, and on Sundays there were various chapel services. Internet and telephone communications varied due to weather, time, and distance from the United States because Indonesia can be up to 12 hours time difference from the United States, depending on time zones and daylight saving times.

Medical-Surgical Nursing Aboard the Mercy

Medical-surgical nursing aboard ship presented several unique experiences. In the initial 30-day rotation, the inpatient medical-surgical and ICU volunteer nursing staff worked 10 to 12 hour shifts for 7 days a week. The volunteer staff of the second 30-day rotation worked 8 to 10 hour shifts, also 7 days a week.

The Mercy did not dock while off the coast of Indonesia; all patients and their escorts were transported to the ship by helicopter, limiting the number of patient transfers because flight operations did not occur after dark. Also, for security and ship operations after sunset, the Mercy moved 25 to 30 miles off the coast of Indonesia.

In the first 2 months of the humanitarian relief mission, the Mercy’s staff provided direct care and preventive health care to more than 9,500 patients and performed over 20,000 procedures, including 285 surgical cases, extraction of teeth, repairs of hernias, and removal of cataracts. Medical-surgical nurses, both Project HOPE volunteers and Navy nursing staff, provided care in a number of special cases that included treating individuals with a condition known as “tsunami lung,” a severe bacterial condition caused by swallowing conta-
minated, muddy water. Surgical cases included treating fractures several weeks old because some tsunami victims did not have access to definitive health care or pain medications until treated by the _Mercy_ staff. Many local health care systems were overwhelmed by the number and types of injured, and the _Mercy_ staff provided medical-surgical skill sets needed to address these needs. Medical-surgical nurses also were active ashore in providing training classes to local health care providers. Additionally, the _Mercy_ staff provided clean water and improved sanitation to people ashore and immunized hundreds of people in Aceh Province.

Aboard ship on inpatient units, the first lesson learned was the need to secure (tie down) anything on wheels because during ocean swells, the IV pole or suction machine could roll away from the bedside while still attached to a patient! Other adaptive experiences included learning the way around ship as inpatient wards were positioned on several different deck levels and the quickest routes were through various stairwells.

To facilitate communication with Indonesian patients, an interpreter was assigned to each inpatient unit. The interpreters provided invaluable assistance, not just in translating but in understanding the cultural effects of Western health care on Asian-Pacific peoples. The health care staff of the _Mercy_ was very impressed with the pain tolerance of Indonesian patients as compared to Western patients in general. In many cases, because local health care facilities had been destroyed by either the earthquake or tsunami, victims had no access to analgesics.

**Ending of the Relief Mission**

Toward the end of the humanitarian relief mission, the _Mercy_ staff was required to begin moving patients back ashore to health care facilities either re-established by local Indonesian hospitals or to non-governmental hospitals set up by international relief agencies.

This process was very intense for many aboard ship because everyone was aware of the continuing needs ashore. However, the mission had to end so, after sending the last patients ashore, the _Mercy_ left Indonesian waters and sailed through the Malacca Straits to Singapore. Most of the Project HOPE volunteers disembarked from the _Mercy_ on March 19, 2005, and flew back to their homes in the United States.

After leaving Singapore, the _Mercy_ originally was to provide health care to indigenous communities in the Asian-Pacific region as she made several other ports of call on her journey back to her home port of San Diego. This was the plan until the _Mercy_ reached Dili, East Timor, on March 28, when the staff was notified of an 8.7 earthquake that had struck the Indonesian Island of Nias. The _Mercy_ was then ordered to return to Indonesian waters to begin a new relief mission for the earthquake survivors. Following another rotation of Navy personnel and Project HOPE volunteers to assist the mission on Nias, the _Mercy_ resumed her original sail plan and arrived at her home port of San Diego, California, on June 8.

**Reflections on the _Mercy_/Project HOPE Mission**

As noted by Dr. Isadore Rosenfeld, Health Editor for Sunday’s _PARADE_ Magazine, in his article on June 12, 2005, “There are important lessons for us to learn from this experience. We can reverse the hostility that much of the world feels against America simply by performing such humanitarian acts. According to a BBC poll, almost 70% of the people in Indonesia, the most populous Muslim nation, viewed our country with hostility before the tsunami. Today, according to a poll released by the Heritage Foundation, almost 70% think more favorably of us.”

The expertise provided by nurses aboard ship will long be remembered, as noted in the words of Ms. Tamalia Alisjahban,

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**Source:** Official U.S. Navy Photo.
an Indonesian interpreter. Ms. Alisjahban gave a “thank you” speech to the ship’s staff. As the Mercy prepared to depart Banda Aceh, she said, “You were first greeted with suspicion, then puzzlement, and then great fondness. And nearly all the patients are saying how grateful they are and that we really can’t thank you enough. There’s nothing we could give to you to repay your kindness and care, and it will have to be God who repays you. I don’t know how we can ever thank you. In Indonesia, we say terima kasih, which means ‘accept love,’ because to thank someone is to give a bit of love. Please do accept our love.”

In conclusion, medical-surgical nurses were an integral part of the health care team aboard the Mercy, which made a positive difference in the lives of thousands of tsunami victims. Should another Mercy mission set sail again, America and Indonesia now know that hundreds of medical-surgical nurses throughout the United States are prepared to answer the call for volunteers. Project HOPE volunteers were invited to a Recognition Ceremony at the White House on July 21, 2005, to be honored by President Bush for their service to the tsunami and earthquake victims.