

Dr. Arti Jaiswal (in red cap) and medics Phil Suarez and Dave Violante (right, rear) rush a 2-week-old infant to an ambulance outside their ER tent.



MEDICS FAR FROM HOME— AND A DESPERATE NEED

A TEAM OF NEW YORK CITY EMERGENCY WORKERS ANSWERS A 911 CALL TO HELP OUT IN PAKISTAN
BY SUSAN SCHINDEHETTE

In 12 years as a paramedic on the streets of New York City, Phil Suarez has learned more than he needs to know about the frailty of human life. "After a really bad shift with a car wreck or something, you come home and all you want to do is hug your kid and tuck him into bed," says the married father of 5-year-old Julian. "Some nights I fall asleep just watching him breathe."

But last October, when Suarez, who works two paramedic jobs to make ends meet, saw harrowing images from Pakistan of the massive earthquake that took 73,000 lives—half of them children—he felt compelled to do more than just count his own blessings. "People were dying as the result of infection and trauma, and that's the paramedic's specialty," he says. "I said to myself, 'That's what we do.'"

Soon Suarez, 35, learned that a number of colleagues felt the same way. Intent on traveling to Pakistan to provide hands-on relief, they juggled shifts to get time off, cajoled bosses into granting vacation time and eventually collected \$250,000 in donations and 10,000 pounds of supplies. Their group, now known as NYC Medics, came to number some two dozen EMTs, paramedics and M.D.'s, a few from as far away as California and Texas.

On March 6 Suarez and a team of 12 arrive in Islamabad and, after a four-hour drive along hairpin mountain roads in the shadow of the Himalayas, reach the place they will call home for the next two weeks: a field hospital on the outskirts of the village of Garhi Habibullah, 10 miles from the quake's epicenter. It doesn't take long for news of their arrival to spread through the tents that dot the hillsides. By 8:30 the next morning, 80 patients have lined up at the camp gate. One is Ambreen, a 10-year-old on crutches, grimacing in pain. Her father, Gulnaz, explains that she was injured in the quake and, despite three surgeries, still cannot walk.

Paramedic Chris Summers, 36, a former Coast Guard search-and-rescue boat-crew leader, begins to clean the



Kausar, a young mother injured in a jeep accident, is treated by (from left) EMT Nick Lobel-Weiss, paramedic Sandy Berkowitz and Dr. Brian Dickover.

PAKISTAN EARTHQUAKE SIX MONTHS LATER

After a crisis the medics gather outside the ER. "We're waging a jihad of goodwill," says paramedic Chris Summers.



"People may stare at us," says Suarez (of the patients), "but it's just curiosity."

wound on her leg. "That was when I realized the white spot I was scrubbing was actually the bone sticking out," he says. Summers spares her the news that she'll need yet another surgery. For now, she's burdened enough with fear of another quake. "If it happened once, it will happen again," she says. What pains her most, says Ambreen's dad, is not being able to go to school. Every day when her younger sisters come home with their books, he says, "she takes their writing slates and pretends she's teaching them."

Six months after the earthquake, much of its rubble has been cleared, but devastation remains: 3.3 million homeless, 10,000 schools destroyed, countless clinics and hospitals in ruins. In the immediate aftermath of the quake, near-

ly 1.3 million kids were inoculated against measles; today respiratory and intestinal infections are the most common health risks for people living in camps, half of whom are already weakened from chronic malnutrition.

Near midnight, sudden shouts from the guards herald an emergency. Arbab, a 3-year-old girl, has arrived in a truck after falling from a rooftop terrace and landing on her head. She is lying on a stained vinyl-covered examining table, her tiny feet trembling with convulsions. Working frantically, eight team members work to stabilize her with a breathing tube and a tangle of IV lines. Tufail, a Pakistani soldier and camp guard, watches the tense scene from the back of the tent, an AK-47 on his shoulder, prayer beads in hand. "I am worried,"



American doctor Teena Sebastian (right) treats Muslim women reluctant to consult male medics.

he whispers to paramedic Carl Otto, 63, a Vietnam vet. "It is good you Americans are here, but tonight I will pray to Allah as well. Do you know Allah?"

"Do we know Allah?" says Otto. "Why, of course we do. He's the reason we're here."

Minutes after Arbab is evacuated by ambulance for a CAT scan, 20 feet away in a corrugated metal shed—the makeshift maternity ward—a different kind of drama is unfolding. Noreen, 22, who arrived from a tent village two hours away, lies on a cot, exhausted. Nearby, her mother gently reveals what's in the bundle she's cradling: an hour-old infant, sound asleep, his mouth opening and closing like a baby bird's. "All he needs now," says Nighat, a young Pakistani midwife, "is food and heart." The baby's family has already chosen a name: Abdullah, "man of God." Tonight, beneath a bright crescent moon, "there has been much sadness in the camp," says Nighat. "But now I feel happiness too."

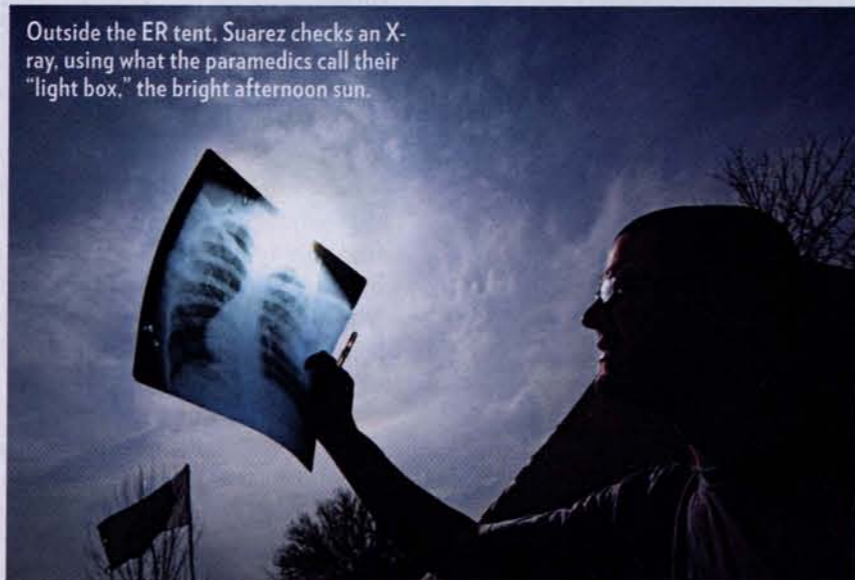
For five days the relentless procession continues: pneumonia, gastritis, heart disease. Five-year-olds the size

of 3-year-olds because of chronic infection and too little food. Feverish kids with rattling coughs and what the paramedics call "junky lungs." Though Pakistan is seeing political strife—mujahideen operate along the Afghan border, and the nation is still engaged in a bitter, longstanding conflict with neighboring

'[THIS] IS MEDICINE ON THE FLY. YOU LEARN TO DO YOUR BEST WITH WHAT YOU'VE GOT'

—EMT NICK LOBEL-WEISS

Outside the ER tent, Suarez checks an X-ray, using what the paramedics call their "light box," the bright afternoon sun.



"Sure, there are cultural differences," says Suarez (with a little girl in the quake zone). "Otherwise they're just like us."

India—here in the field hospital there is one type of injury that has yet to turn up: The team has not seen a single gunshot wound or stabbing. "These people are just trying to survive," says paramedic Steve Muth, 39, a Long Island father of three. "They don't seem to be very interested in killing each other."

In their first five days, the paramedics, along with two local doctors and two Pakistani midwives, see 2,500 patients. But what makes the job daunting is not just the numbers but the lack of basic equipment and supplies. The medics coddle a balky respirator like an old car engine, and they fashion shoes from duct tape and cardboard to keep barefoot kids from infecting their sutured wounds. "What we're doing here is medicine on the fly," says the group's executive director, Nick Lobel-Weiss. "You learn to do your best with what you've got." At times, though, the shared sense of frustration boils over. For Suarez, it comes from one too many cases of pediatric double pneumonia that could have been prevented with 25 cents' worth of antibiotics. At the end of one 18-hour day he stumbles into the camp office. "You know, governments can mobilize whole armies to invade a country within days," he

says, rubbing his face in fatigue. "After a while you wonder why they can't do the same thing for humanitarian relief."

Sometimes members of the group head out of the camp for a much-needed break. On the outskirts of Garhi Habibullah they come upon what's left of the Government Girls' Higher Secondary School, a hillside compound where, on the day of the quake, 300

'THERE HAS BEEN MUCH SADNESS IN THE CAMP. BUT NOW I FEEL HAPPINESS TOO'

—NIGHAT, A PAKISTANI MIDWIFE

girls, aged 11 to 16, died. "When the quake first hit," says Niaz Akhtar, the school's caretaker, "it sounded like a bomb blast. For five seconds there was absolute silence, then just screaming." Akhtar tried to reach little girls running from a two-story section of the building, but in the time it took to sprint across the courtyard, the structure collapsed on top of them. "Every night before I go to sleep, the memory

reels like a film in front of my eyes," he says. "I will remember the sight of it for as long as I live."

As days pass, the team shares small triumphs. Three days after her horrific fall, 3-year-old Arbab is well on her way to recovery, and her mother brings her to the camp for a visit, showing her off like a precious jewel. Each of the American medics can cite cases like hers as reason enough to be here—and, they hope, on the scene of other emergencies around the world that have yet to happen. For Suarez it's the memory of an old woman he patched up in the remote mountains of Kashmir. "Nothing major—just some cuts and scrapes that I cleaned up and gave her some antibiotics for," he says. The woman kept chattering to him in Urdu, intent on communicating a message. Suarez turned to his interpreter. "I have adopted you," the woman was saying. "From this day forward, you are my son."

At that, Suarez decided to buck a basic rule of Muslim etiquette. "It's not really proper, but I didn't care," he says. "I went over, put my arms around her and gave her a hug. Then I told her, 'Yes, from this day forward, I am your son.'" ●

HOW YOU CAN HELP To learn more about the Pakistan disaster, visit www.NYCMedics.org or www.UNICEFUSA.org.