The Effects of the Tsunami of December 26, 2004: A Photo Essay

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Robson's connection to Thailand began more than 25 years ago while he was completing a graduate program at Rutgers University. There he met Prasert Chitapong, a fellow graduate student, who would later become the President of Prince of Songkla University (PSU) in southern Thailand.

In early 2004, Dr. Prasert (Thais prefer to use first names rather than last names) suggested that Ajarn Mark (a common term of respect for university professors) apply for a Fulbright Senior Specialist award. The U.S. State Department approved his application in June 2004. The original plan was for Dr. Robson to teach and set up an International Centre for Environmental Risk Management, and prepare for a Fogarty International Center application. The tsunami assessment was added after December 26, 2004. This photo essay contains photos taken by Dr. Robson and Mr. Rapin Yangwanitcha, a graduate student at Prince of Songkla University, along with Dr. Robson’s comments about what he witnessed in the days and weeks after the tsunami.
Thailand was one of several southeast Asian countries that was severely affected by the tsunami. As a well-developed country with a fairly strong economy, Thailand is able to handle the physical destruction better than its neighbors who were affected.
Seeing the many boards with photos of victims still waiting to be identified by survivors was a very grim and sobering experience. Usually, there were four to six photos of each corpse. Bodies were grouped according to sex, with a separate section for small children. I was overwhelmed with emotion as I walked past these boards.
By January, teams were able to identify around 10–15 bodies per day. The larger regional police center was able to identify around 100 bodies per day. Eventually, all the remains still needing identification were sent to the regional center to speed up the process. This was a source of some concern on the part of the local residents, as it is difficult for them to travel that distance to make identification. But after two months, many felt that they had gotten most of the locals who wished to respond.
Refrigerated boxes were used for the remains of tsunami victims. Stacked nearby were boxes to be used as coffins. In traditional Buddhism (the predominant religion in Thailand), bodies are cremated. Most of the Wats, or Buddhist temples, have a crematorium on-site. I was told that early after the tsunami, the crematoria worked almost around the clock and the sky was filled with the black smoke from the burning bodies.
Those who survived were left with compounding problems in attempting to stay alive and rebuild their communities. After the initial injuries from the tsunami, the pressing issues are clean water and safe food. Many large containers of food were sent to the region, but there were delays in the distribution. Gastrointestinal problems resulted.
In conversations with a Thai man and an international team of physicians and nurses, I found that many of the cases they were seeing were pre-existing problems. Among the current medical problems are skin and eye infections. Many patients are simply traumatized by the event; many have lost everything, including multiple family members.
There are literally hundreds of aid groups working in the area, and many work reasonably well together. The government has tried to manage the effort; they did refuse some of the volunteers, and those they allowed were required to register with the government and receive a permit. Turning away offers of help takes into account that volunteers need a place to stay, food to eat, and clean water and sanitation facilities. A system already strained beyond capacity by a disaster can be further compromised by an influx of extra people.
Clinics were constructed, including “inflatable” ones, which were extremely impressive. Medical students from Prince Songkla University took patients’ histories and vital indicators and then sent them to a group of doctors and nurses for treatment. A medical student acted as interpreter. This was an international effort—in one clinic, the nurse was from Hartford, Connecticut, the doctor was from San Francisco, the pharmacist was from Australia, the psychologist from Sidney. Prince Songkla University nursing faculty worked to assist the many displaced and orphaned children.
Two months after the tsunami, thousands remained homeless and were still searching for their loved ones. The temporary housing set up in more than 20 communities provided shelter, but not without problems. Many are plywood divided homes with little or no ventilation, proving to be substantially less livable than the original homes. In addition, the buildings are topped with a metal roof, creating an oven effect when heated by the Thai sun.
As we visited the sites and talked to the local residents and officials, we were amazed by the resilience of these people. In some areas, people would be starting to rebuild their houses in the middle of a desolate area that had been bulldozed and cleared of debris. There is a real opportunity here for better planning, improvement of infrastructure, and the development of better services, but it is unlikely that it will take place.
I was asked to review the various reports from different teams at the university, and to develop a proposal for the Faculty of Environmental Management group. I wrote “A Multi-Disciplinary Long-Term Study on the Environmental Effects of the Tsunami Region in Phuket.” There is a risk of disturbing the balance between what could be an interesting long-term study and exploiting a tragic situation. The delicate nature of this situation is further complicated by my being an outsider and by cultural and political differences. Even though I was asked for advice, I question how much they really wanted my opinion and what they would do with my advice. I tried to address the issue of random rebuilding in a large resort area that will eventually have thousands of homes, businesses, and multi-million dollar resorts, and explain that some intervention would be a good thing. I was told, “Ajarn [Professor], we agree with you . . . You are right . . . but it is not the Thai way.”