Sri Lankan medical student speaks about relief work among tsunami victims

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Sri Lanka's southern capital of Galle, 120 km from Colombo, was one of the areas worst affected by the December 26 tsunami. According to official statistics, 4,141 lost their lives in the district and 23,053 families, or 120,000 people, were displaced. The homeless—12 percent of the district's population—are currently sheltering in 185 refugee camps, or in the homes of relatives.

Geetha, a final-year medical student at the University of Colombo, was among the many volunteers who participated in a one-day medical aid program for the Galle refugees on December 29. She and her colleagues were organised by the Colombo medical faculty students union, which established a relief project mainly funded by the privately-owned Maharaja media network. The students recognised that the tidal wave survivors required urgent medical services and that there were insufficient numbers of doctors in the country areas. She spoke to WSWS correspondent Parwini Zora about her experiences.

"The main scope of our work was to assist the qualified doctors in the refugee camps. We were also able to provide information about health education, especially on the preventive aspects, and basic hygiene with food and water. Because we were taught befriending, a method of providing psychological support by just listening to the grief, we were also able to assist in this way.

"I was actually surprised by the response of my colleagues. I used to believe that the majority of students, especially in our faculty, were selfish bookworms. But many volunteered after we received a message calling for assistance on Monday, the day after the disaster. On Tuesday we had a session explaining how to approach and talk to the tsunami victims and the psychological responses to be expected, and on Wednesday we left for the affected areas.

"There were six buses from the faculty—four went to Hambantota and two to Galle—with students, doctors and the drugs. About 100 students went to Galle in several batches. All of us wanted to help in some way and felt that it was our duty.

"The journey didn't turn out as we expected. We left at 7 a.m., planning to be at Galle by about 1 p.m. There was heavy traffic, however, with many people travelling in and out of the affected areas and so it took about 9 hours. [Before the tsunami it was a three-hour journey.]

"The main impression I had was 'what a disaster'. I cannot describe it in words, but everywhere you looked, all you could see were houses and vehicles in a mess. It will take years to restore the area to some kind of normalcy.

"Because we arrived late and only had two vehicles we were not able to visit as many camps as we had planned. We thought that since we had about 100 students we should be able to cover at least 10 camps, but we only got to three. There was no coordination [from the authorities] and only one employee from Maharajah media network to direct us to the camps."

Describing the conditions, Geetha said: "The camp I visited was situated in a school, so there was enough room for the people—about 300—but only one row of dilapidated toilets available and only one of them had a water-sealed commode. Sanitation and hygiene facilities were therefore a big problem.

"The majority of refugees needed clothes and something to lie down on. Many children had to lie on the floor. Privacy for females was also a big problem and a considerable number of women needed sanitary napkins and underwear. The other major difficulty was the lack of electricity."

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When asked about the social background of the survivors, she responded: “Almost all of them were poor. The patients I attended included a three-wheel driver, free trade zone workers, market saleswomen and a clerk. The majority of women were housewives. Even though better-off people were affected by the tsunami most of them were able to stay with their friends and relatives. Those who didn’t have this sort of support were in the camps.

“There were also many fishermen in the camps who used to live on the beach. Even though the majority of refugees were poor they had led a dignified life and had some level of education. Most of them risked their lives every day struggling to survive.”

Geetha went on to describe the injuries suffered by the tsunami survivors. “By the time we arrived in the area most of those with severe injuries had already been hospitalised. Many of the refugees we helped had small wounds—cuts and bruising that occurred when they fled the waves. Many complained of aches and pains. Several people who suffered from chronic diseases, such as hypertension, diabetes, epilepsy and arthritis, had lost their drugs, and most of the small children had respiratory symptoms.

“Most people were in a stunned condition, with mute expressions of their faces. They have not yet reached the level of facing facts but were in a dream-like state. They told us how they escaped but they had not yet realised, or at least did not want to understand, their losses. They wait for food, and eat and sleep.

“Many others were crying for their lost ones and still looking for them. Their shocked and stunned state struck me the most because I did not expect it to such an extent. No help was offered to them.

“There was no established qualified medical staff at the camps we visited but we heard that the DMOs [District Medical Officers] and MOH [Medical Officer of Health] were conducting visits to the camps as much as possible.”

Geetha was critical of government apathy. “Even by the time we arrived in the area—nearly three days after the tsunami—the government still hadn’t taken any responsible measures to meet the needs of the affected people. We visited as an NGO [Non-Government Organisation] but it was just a single visit and not at all sufficient. These camps need long-term supervision and assistance. While some of the most urgent problems were attended to, the preventive work required to minimise health risks was poor.

“There are lots of medical issues that have to be attended to on long-term basis but there is no proper planning at all. Volunteer services come and go as they please, so it is not at all effective and there is unnecessary duplication. One of our groups went to a camp that had been visited an hour earlier by another group of doctors. This was a big waste of time, effort and money. Most of us felt that if the relief work had been centrally organised, with information about all the camps and the number of previous medical visits each, we could have achieved much more. And the genuine desire of people to help would not be wasted.”

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