

First-hand report from Sri Lanka

On a medical team to an LTTE-controlled area

A correspondent
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The following is a first-hand account of the experiences of a nurse who was sent as part of the medical relief team to Pallai, a town on the northern Jaffna Peninsula that has been under the control of the Liberation Tigers of Tamil Eelam (LTTE) since May 2000. It is one of the few available reports that describe the impact of the tsunami in LTTE-held areas where thousands of people were killed and housing and basic services devastated.

We left for Pallai hospital, in Sri Lanka's war-ravaged northern province, at 1 a.m. on January 3. Ours was the third crew dispatched to the area by Sri Lanka's disaster management centre at the National Hospital. Our crew consisted of ten nurses, four doctors and two ordinary workers from the Sri Lankan public health service and three volunteers from abroad—one male nurse from the United States and a nurse and a doctor from Britain.

Since the disaster, health teams have been dispatched to the affected areas by the health ministry without proper coordination, relying on initiatives taken by doctors and nurses. The day before we left, our team leader and others had to go out collecting necessary drugs for patients, as well as rations and water for our journey. The government's health ministry supplied none of them.

We managed to arrive at Vavuniya, the southern border town of the northern province, at around 7 a.m. But our team members from the US and Britain were not allowed to proceed from there. The regional health director informed us that the LTTE did not want them to visit the area.

Both the Sri Lankan military and LTTE fighters delayed us at their Omanthai checkpoints, situated about 500 metres apart some 11 km from Vavuniya. We saw several lorries and vehicles queued for inspection. Weary bus passengers were walking through the checkpoints showing their luggage and identity cards. Although people were delayed for hours at these check points there were only foul-smelling toilets with no doors.

Small children were selling peanuts to eke out some

money—a symptom of the poverty still prevailing in the war-devastated areas. We noticed the ruins of houses—flattened or without roofs—beside the road. Some Tamil people who fled from the area during the civil war have returned after years and have constructed thatched huts or small houses amid the ruins.

On the road to Pallai, we occasionally saw small infertile paddy fields, coconut groves and palm trees. But most of the abandoned land is covered with shrubs. One of our team asked: "What could the LTTE do with all these barren lands if they established a separate state? How could it feed the Tamil people?"

We reached Pallai hospital at around 2 p.m., after 13 hours of travel. It is situated near the highway, where intense fighting occurred between the LTTE and the Sri Lankan armed forces after the latter lost its main military complex at Elephant Pass—the gateway to the Jaffna Peninsula.

Completely destroyed during 2000 by shelling and bombing, the hospital is under reconstruction as part of the current "peace process". Before the destruction, there were 35 health personnel. It is now a central dispensary manned only by an RMO (registered medical officer), who is not a fully qualified doctor, and four untrained health workers. There were no nurses or midwives.

Once there were four wards—male, female, pediatric and maternity—catering for the people throughout surrounding areas. To the north, the nearest health facility, Jaffna Teaching Hospital, is 40 km away. To the south, Killinochchi hospital is 25 km away and Mullaitivu hospital, which was partly destroyed by the tidal waves, is another 35 km.

The first medical crew, which arrived on December 29, had opened the partly-completed buildings, which were erected on the ruins of the previous admissions block. There were dozens of tsunami victims when we arrived, suffering from infected wounds, diarrhea, fever and deep psychological trauma.

Some patients urgently needed drugs and treatment, as there were no nurses in the hospital after our second team left the hospital early on January 2. Some medical students from Colombo and Jaffna medical faculties were desperately trying to cover the duties of nurses.

Sanitary facilities were inadequate. For the patients, four temporary toilets had been built from empty barrels and covered with polythene sheets beside the hospital. Running water was only accessible at a water tank in front of the hospital.

The hospital had 15 beds but there were nearly 50 in-patients, mostly lying on mats. Even babies with diarrhea, requiring intravenous fluid transfusions, had to lie on floor. But, indicating the disparity between the well-to-do and the ordinary Tamil masses, one man came in various luxury vehicles to receive regular penicillin injections. He appeared to be an LTTE leader.

From their appearance and clothing, we could see the dire poverty of most people. Inland, they farmed, bred cattle and worked as day labourers, while people along the coastal belt—Vadamarachchi East—depended on fishing. A labourer who was working at the hospital reconstruction site explained: “I get only 300 rupees (\$US3) per day. I have to work hard from 8 a.m. to 4.30 p.m. every day to feed my family. If there is no war, we can live with these conditions. Otherwise we don’t have even this type of work.”

A fisherman who lost several family members and all his belongings when the tsunami hit Vadamarachchi East explained: “I fished to make a living but sometimes I had to do other jobs to survive. The war gave us much trouble. Neither party cared about the ordinary people.”

Some people were completely dependent on the foreign currency they received from relatives who had left the country to flee the war.

We found girls working as volunteers in government health institutions and with some non-government organisations. Some were only paid with dry rations, while others received nothing. They believed that voluntary work would assist them to apply for jobs in the health sector.

A senior midwife condemned the scanty health resources and manpower in the area. “There is only one midwife for 10,000 people here. We do not have transport facilities. In some areas we do not have roads.”

People have become accustomed to appalling conditions. Some have been displaced several times, lost their belongings and loved ones. One medical student explained: “We have been living with ‘tsunamis’ for 20 years. Tamil people are used to them now.”

During our three days at Pallai hospital, we treated nearly two dozen diarrhea patients, mainly children from the eight nearby refugee camps run by the LTTE and the Tamil

Rehabilitation Organisation. These camps, called “welfare centres” by the LTTE, house more than 8,000 people without adequate food and shelter.

At Pallai central college camp, the largest centre, nearly 6,000 were living in a school built for 1,000 students. Some of the buildings were destroyed during the war. One medical student commented: “The camp is so that people do not even have adequate room to sleep.”

There were only 40 temporary toilets made of empty barrels and covered with polythene, located in a marshy area beside the camp, without lights or a proper path leading to them. The Deputy Provincial Director of Health Services, Dr. T. Sathyamoorthy, explained: “The water and toilet facilities are barely sufficient for the people in welfare centres in the Killinochchi area. So people, especially children, use open spaces for defecating. This situation will certainly lead to epidemics.”

Refugees get only bread for breakfast and dinner, and rice with two curries for lunch. Each camp has a health clinic run by the LTTE with the assistance of medical students and Tamil Eelam Health Service personnel. There are no qualified medical officers—Red Cross volunteers do wound dressings.

During a break, we visited the coastal area of Vadamarachchi East on January 5. It was a real disaster zone. Up to 1 km inland, all the houses were washed away. The terrible smell made us suspect that there were more corpses which still had not been found. One fisherman was watching the sea. He whispered tearfully: “During war we managed to live with severe difficulties. But finally the sea destroyed everything along with my family.”

Leaving on January 6, we faced a sad moment with patients, medical students, health workers and local volunteers. One patient cried: “Who will take care of us hereafter?” One health worker said somberly: “We do not want war. We do not want to separate from you. We should live together.”



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