

## **TSUNAMI RELIEF-PROGRAM BY THE THO – PHASE I**

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**Introduction.** The THO (Tamils Health Organization) is a non-governmental organization (NGO) that represents the medical personals living abroad. The THO coordinates its functions together with the CHC (Centre for Health Care), which is one of the registered NGOs in Sri Lanka.

**Aim.** Shattered by the Tsunami disaster that destroyed almost 2/3 of the costal area in Sri Lanka, the THO had to act immediately to coordinate and mobilize both the medical aid and medical staff. It has to act without delay to strengthen the infrastructure of the local medical hospitals and the peripheral health community centers.

The 3 – point relief program is divided into various phases. Phase I is described briefly.

### **Phase I.**

We were two medical doctors from Norway, were dispatched to north and eastern part of Sri Lanka. I travelled to the eastern part.

**Length of period :** 01.01.05 to 06.01.05 (altogether 5 days of which 2 days were used for travelling). The costal roads were flooded and key bridges damaged, preventing the relief workers from bringing aid to the refugees. During this period we traveled almost 1500 km.

There were already 4 representatives (final year medical students from the Jaffna medical faculty, with sufficient insight in their subjects and geography) sent by the CHC. They were located in Vaharai, Batticaloa, Kalmunai and Ampari. They were accompanied by a number other medical students from the same faculty.

- A) I could cover only the Batticaloa and Akkaraipattu (Amparai district) during this period and visited 15-20 refugee-camps. Our main focus during those visits were
- ✓ to assess the medical needs for a camp
  - ✓ to inform the residents to be aware of epidemics
  - ✓ to provide volunteers and assistance
  - ✓ to inform the residents how to organize themselves to receive various aids in proper manners
  - ✓ to teach the residents to take responsibility for their own actions, like littering, wastage disposals etc.
  - ✓ environmental controls and equipments for temporary toilets
  - ✓ to make sure that the people get fresh, clean water
  - ✓ to coordinate the aid provided by the government and the other NGOs.
  - ✓ to provide accommodation and food for the incoming (THO) teams from Colombo. This seems to be one the major problems since not only hotels and guesthouses were “washed” out, but also the arrivals of other NGOs and their medical teams populated the available lodges and guesthouses.
- B) The medical staff living abroad were arriving in Colombo, some with- and some without prior notice to visit these areas, to serve and supply medicines. In addition the government officials and Gramasevakas (GS) were willing to coordinate in some areas.
- a. Some of the teams make their own arrangements to stay in the affected areas.
  - b. The common factor to such teams was that many of them had their own medicines, surgical equipments and vehicles with them.
  - c. If necessary the THO could provide medicines and other items needed for the incoming teams

The THO has to link our local medical teams with the teams that were awaiting in Colombo. We have established coordinating officials for

- a) Trincomalee and northern - Batticaloa
  - b) Batticaloa and southern - Batticaloa
  - c) Northern Amparai (Kalmunai)
  - d) Southern Amparai (Thirukkivil)
- C) Currently there are about 22 medical staff stationed in the most populated camps in all the above mentioned divisions.
- D) A temporary Office for Coordination for the CHC in Batti-Amparai district has been established at the Kirankulam (Batticaloa).

The problem aggravates when a range of voluntary organizations, companies, small groups and individuals trying to bring in aid and distribute it on their own with Social Department taking a less prominent role. Government officials and GS are among those who have already pilfered food items. This pattern of waylaying of food and relief assistance were reported from other camps as well. The THO members are working shoulder to shoulder with the TRO members to cope with the situation.

**Specialists.** Do we need specialists now? The answer is both yes and no. We do need GPs and staff who can identify the problems by simple clinical knowledge and evaluation. They know how to interact with the population. They can spot patients with psychosomatic syndromes. We do need specialists in Internal medicine, Infectious diseases and Epidemiology. They can answer a question like "Do we have to treat (prophylactic) the whole population in a camp against diarrhea or infections or do we have to vaccinate them all?" Most of the severe trauma cases were identified and were sent to main hospitals. There were few laparotomies and many fractures. We do not need surgeons but we need nurses who can treat the surgical wounds and infections.

Fortunately no harm was done to the doctors living in those areas. The nurses and other staff are reporting back to work at their hospitals even though they have lost the family members and neighbours. The Kalmuanai hospital for instance has enough staff.

**Conclusion.** The THO in assistance with the CHC has undertaken some of the poorly organized camps to continue with its assistance. The complete overview of the situations and camps in the eastern costal area is gradually evolving. The THO is able to send medical teams through its link, the Office for Coordination. There seems to be sufficient bilateral cooperation with the other NGOs and government officials in Kalmunai district. There are currently 4 teams serving in the above mentioned divisions and further plans are made to continue this mission. The medical staffs who were sent to these divisions are satisfied with their curative and preventive treatments. Our program covers also the affected muslim-areas. In future the THO will also focus into the preventive medical care including taking care of this psychologically traumatized population.

**Appeal.** The local and international agencies that already have offices in the area from the civil war -- the U.S. Agency for International Development, the World Health Organization, UNICEF, the International Red Cross, Oxfam, CARE, the national and local Sri Lankan groups and TRO. There were 81 such organizations before the tsunami. I have no idea how many there are now.

We, living abroad, must tell our own governments and other agencies that the TRO-THO has the man power, knows the infra structure very well and we are going to stay there for ever. We are willing to coordinate, please channel through us !

We have to raise our heads by sticking to one policy for the sake of the people.