Medical Institute of Tamils

A DUTY OF CARE AND A DUTY TO CARE

BY

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CONTENTS.

◊ MIOT AND MIOT - YOUTH FORUM

The Medical Institute of Tamils (MIOT) is an organisation founded in 1988 by Tamil speaking doctors in the United Kingdom who were interested in helping the Tamil community all over the world on health and related matters.

MIOT aims to support health projects, promote health education and primary prevention programmes in the Tamil homelands. It also aims to support health projects facilitating the provision of acute and community care and rehabilitation in Tamil Eelam. Educational activities include seminars and conferences to promote knowledge on health matters and assistance with the PLAB examination. MIOT also raises funds to buy and send vital equipment and medicines for hospitals in the North and East of Sri-Lanka. An International Conference titled "The victims of War in Sri-Lanka - A Quest for Health consensus" was organised in 1994 in conjunction with Tamil Information Centre and TRRO (California). As a result of this conference a book "Victims of War was published."

Youth Forum

MIOT - Youth Forum is a division of MIOT catering to the needs of the younger generation of Tamils who are students and young medical professionals. This forum aims to be a network of young Tamils with the same aims and objectives as MIOT. Many young Tamils have grown up in the UK and other western countries wondering who they really are. Are they Brown British or are they Tamil ? Many are unaware of their heritage and background. The Youth Forum not only undertakes education and community work the it also aims to address problems facing young Tamils in the West.

A MIOT - Youth Conference has been held for the past 2 years at Guy's Hospital in London. In 1995 the conference titled: ***Scientific and cultural aspects of health problems in Immigrants*** had discussions on the cultural background of Tamils and migration and mental health. 1996's conference took up one of the issues in the governments' health of the nation targets and addressed ***Coronary heart disease among the immigrant population (Asians) in the UK.*** This years conference is to be held at St George's Hospital Medical School and is titled: ***"Medicine, Is it for you ?"*** Young Tamils have been involved in all the organisation of this years event and speakers are also students. The aim this year is to inform young Tamils considering careers in Medicine and its allied fields so that they have a real idea what University life is like and the various careers open to them.

◊ INTRODUCTION

Like all Junior Doctors who had just completed and passed the last set of exams at medical school I received a copy of the **General Medical Council booklet "Duties of a Doctor".** The first duty of a doctor was stated as being:

" to make the care of your patients your first concern."

As a Tamil born in Jaffna who had come to this country at a very early age, I had been sheltered from the violence that has been taking place against Tamils in the North and the East of the island. Apart from a brief visit in 1984 when I experienced several pitch black nights of continuous shelling by the navy and also the bombing of Chunakam police station which resulted in the brutal killing of innocent young Tamil boys and those who went to help them, I cannot really imagine or understand fully those who have experienced the years of fear and terror.

Since Independence of the artificially created unitary state of Sri-Lanka in 1948 (previously known as Ceylon) there has been a denial of basic human rights to the minority Eelam Tamils which has culminated in a devastating war of destruction and death for the last 15 years. As I was to start work for the first time in August, like many other pre-registration House-Officers and would have to make the care of my patients my first concern, I thought, are not people like myself who are still in Sri-Lanka or in other countries as **refugees also not patients who are suffering from bombings, shellings, torture, lack of medicines and food, and families scattered around the world. Do they not also require a Duty of Care from Doctors of Sri-Lankan Tamil origin? And do we as Doctors of Tamil Origin not have a Duty of Care towards them?**

Since the situation in Sri-Lanka is such that the safety of Tamils visiting the island is also at risk, I decided to take the opportunity before starting work to go to South India and work with Organisation for Eelam Refugee Rehabilitation (OfERR). Having spent 6 years at Medical school and coming to the end of my savings the Medical Institute of Tamils very kindly and generously sponsored me so that I could undertake this voluntary work with the medical team at OfERR. I must also thank Dr Karunyan (USA) for his assistance with contacting OfERR and Dr C. Rayner (St. George's Hospital Medical School) for assistance with the TB project questionnaire. My heart felt thanks go out to Mr Chandrahasan, Miss Sooriyakumari and Dr Shanmuganathan who organised all the activities I undertook and made my stay so enjoyable and informative.

The people who I should thank the most are all those at OfERR who made my stay with them so welcome and worthwhile. If I had the space my list of names would be never ending. I should also not forget all those who I met in the camps as it was because of them that I went and it was they who gave me such a humbling and privileged experience.

◊ WHO AND WHAT IS OfERR?

OfERR which stands for Organisation for Tamil Eelam Refugee Rehabilitation is a charitable organisation founded in 1984 which was set up by refugees of Eelam Tamil origin to help and assist Eelam refugees in India. It is a non-profit making, non-political, service orientated organisation. OfERR receives assistance from Non-Governmental Organisation, expatriate Eelam Tamils and other Charitable Institutions,. Volunteers are Tamils from various camps in South India as well as Indians. The work carried out by volunteers includes the following:

◊ **Educational assistance.**

- ◊ Guidance and advice to refugee students.
- ◊ Admission to schools, colleges, and universities.
- ◊ Adult education.
- ◊ Financial assistance to meet school or college fees, hostel fees and travelling.

◊ **Medical Assistance.**

- ◊ Free medical advice and supply of medicines.
- ◊ Clinical laboratory service.
- ◊ Health education and training of health care workers.
- ◊ Supplementary assistance for hospitalised patients and travelling to government hospitals.

◊ **Women and Children's Programme.**

- ◊ Nutritional Supplements for pregnant women and lactating women (and those male or female with chronic disease).
- ◊ Nutritional Supplements for children up to 5 years of age.

◊ **Income Generation.**

- ◊ Farming
- ◊ Tailoring
- ◊ Gem cutting

◊ **Supply of utilities to camps.**

- ◊ Smokeless Chola stoves.
- ◊ Supply of relief material.
- ◊ Building of latrines.
- ◊ Replacing of tar sheet roofs and walls with natural ollai.

◊ THE OfERR MEDICAL TEAM

The Medical Team is headed by Dr Shanmuganathan a retired physician. The team co-ordinator is Mr Marnikavarsagar. Mr Nadarajah and Mr Poongundran are two students from Jaffna University Medical School who fled the island like so many others. They were unable to complete their studies but are practising as doctors within the refugee camps. Dr Shanthi, a Sri-Lankan Tamil Doctor who works in Madras also assists the medical team. Dr Neelani a young Eelam Tamil trained in Madurai Medical School has given one years service to OfERR. Dr Karunyan from the US visits Chennai approximately every 3 months to co-ordinate and teach the health care workers.

OfERR trains camp refugees to be healthcare workers in their own camps. The health workers are trained to assist patients with first aid and minor ailments. More serious conditions are taken to the local government hospital. OfERR has four regions; Chennai which is also the head office, Trichy, Erode and Nellai. In each region there are many districts and within each district many refugee camps. In total there are 130 camps in South India housing a total of 60,000 refugees. Approximately 10,000 refugees live outside the camps and are supported by families living in Western countries.

A laboratory which enables blood tests, sputum and urine analysis is available with a full time lab technician. OfERR also helps the refugees by reimbursing travel expenses to a government hospital for treatment. This ensures that the refugees seek medical assistance when they require it. Certain medicines are available free of charge by OfERR and if prescriptions for glasses are sent to the head office in Madras they will be made and distributed.

A nutrition programme is in place whereby young children, pregnant mothers, lactating mothers and the elderly receive a nutrition powder made from three nutritious seeds. The powder can be used to make string hoppers, puddu, or kungi.

Tamil Doctors from abroad visit and offer their services either by seeing camp patients or teaching health-workers. While I was in India Dr Soosai a Consultant Paediatric Neurologist from Norway had been in India with OfERR for 3 months and was not only seeing children but also setting up a programme for spastic children. Dr Rasaratnam a psychiatrist from the UK spent time visiting camps to speak with people with psychological problems as well as teaching health-workers how to recognise mental health problems. Dr Karunyan and his wife Dr Inbam who are medical doctors in the US came to India to visit camps and teach health workers. Dr Karunyan is a regular valuable visitor to OfERR. Dr Balachandran a Radiologist from the US who was a visiting lecturer at Velore University visited camps in order to see for himself the way in which his own people were having to live.

The Medical Team collect a vast amount of data from all the camps where they have healthcare workers. They have statistics on disease incidence and prevalence which really needs a statistician to put some input into.

◊ FIRST IMPRESSIONS

On landing in India I was met by the South Indian sweltering heat even though it was 3.30am. Two of the OfERR volunteers who had very kindly awoken early met me at the airport and delivered me safely to the YWCA hotel.

Since I had been to India once before in 1993, I knew that although Madras was a city that remarkably had a combination of modern buildings and roads but also vast poverty, seeing the way that the poor and destitute use the streets as their home; bedroom, kitchen and bathroom all in one, it still comes as a shock to see it all again. An impressive modern home or office would be encircled by huts and shanty homes. On many occasions during my visit I would think to myself; *if this is the way in which poor Tamils of South India are living, imagine what the homeless Eelam Tamils are undergoing in the jungles of Vanni when they are subjected to daily aerial bombardment.*

The roads of India although not hit by landmines or aerial bombs were extremely bumpy and bus, auto and car journeys could be jerky to say the least! Again I would imagine what travelling in Eelam would be like when the roads would have craters and landmines.

Indian Tamil is completely different to the Tamil spoken by the Eelam Tamil spoken by my parents, that I understand. The Indians, I found, speak a Tamil which could be quite rude in the impolite sense. Their mannerisms could also be quite offensive. And they do like to stare, especially if you are not dressed in the conventional sari or churidha.

Walking around Madras you are immediately hit by the many colourful temples large and small at every street corner or in front of a house and people in beautiful saris. Madras and South India is truly a diverse and complex community where the divide between those that have so much and those with so little can be clearly seen. Even though this is so, I should not forget that in England we too have a large poor and destitute community that also use the street as their home, but this is cleverly hidden in the card board cities under motor way bridges or other areas.

The warmth, friendliness and respect that I was met with when visiting the OfERR head office in Chennai for the first time really made me feel that this trip was well worth making. They didn't know me and I too did not know any of them, but immediately I felt at home and safe with those refugees who volunteer their time to help others like themselves when they could so easily try and find jobs that were more financially beneficial to them.

I decided to live with a group of girls in the hostel that OfERR has which is just on the outskirts of the city. This was an experience in itself!! The girls live very simply, working as tailors, health workers or secretaries at the head office. All come from refugee camps where their families live. They live a busy life waking early to travel by train into Chennai and leave only when all their work is completed. They are like sisters to each other, the younger of them respecting the older girls. Living with them I too became their sister, listening and sharing in their jokes, life experiences and the hardships that they have all had to undergo. At first I was treated delicately, not allowed to help cook, carry or clean anything. This to me was difficult as I had been brought up to help, not only with the housework but also with gardening and taking care of a car. And being some one who cannot sit still and watch others at work I eventually persuaded them to let me also help them. I believe that they had the image that those of us brought up in the west and also University educated had been brought up to not take part in home activities but to just sit and study all day!!

"THE BAREFOOTED HEALTH CARE WORKERS"

The concept of healthcare workers in the refugee camps was taken from the barefooted doctors in China who travel from village to village giving their advice and treatment.

The healthcare workers are refugees themselves who have some interest in medicine and voluntary work. The receive a 3 month basic course followed by a 6 month course studying anatomy, nutrition etc. They work within their own camps as this makes it easier for their work. Some camps have their own medical huts so that they can store medicines and equipment and which also provides an area to see patients. Health care workers also carry out home visits to see any ill patients.

They have to write up daily reports on their work as well as monthly reports of the number of patients that they see. Any outbreaks of diarrhoea or malaria within camps is alerted to the local hospital as well as OfERR head office. At the end of each month they travel to their regional offices to re-stock their supplies.

The volunteers have opportunities to attend communication and leadership classes to help them overcome any problems that they may have within camps. They also have the opportunity to attend classes when visiting doctors from abroad come and teach them.

A total of 250 volunteers have been trained as health care workers, some have returned to Sri-Lanka and work with NGO's. There are senior health care workers who have a great deal of knowledge and experience who are also involved in training and teaching others. They also help in training new volunteers. Health care workers receive between 150 Rs - 350Rs depending on their experience and length of service. This is in addition to dole that they receive from the Government of India. Their income is very poor compared to those who are lucky enough to get jobs outside of the camps.

Training people as health care workers is not only to provide medical assistance to the refugees, but the long term strategy is to provide a skill to a group of people who will one day return to Eelam and provide a worthwhile and much needed service to their community. Since education has been severely disrupted and professionals have fled the North and East the younger generation of Tamils who remain are very much disadvantaged. So it is important that a generation of Tamils are not forgotten and that they are given opportunities to learn and gain knowledge for themselves and for the benefit of their communities future.

As one member of the medical team said ***"we are children without parents,"*** meaning that they need and welcome Tamil doctors and professionals coming to teach and advise them as a parent would do for their child.

◊ PALAIRANICUT CAMP VISIT

Palairanicut camp was the first camp that I visited with Dr Balachandran a radiologist from the states and Ahilan Arulanantham. This camp is located in N. Arcot District, Chennai Region. There are an estimated 218 refugee families with a total of 895 individuals.

Prior to visiting the camp we were taken to Kanchipuram (Ka - Brahma, Puram - place = Place worshipped by Brahma) a sacred city where Lord Siva is represented as one of the elements - Earth. We were taken to Ekamberam Temple where we saw the ancient mango tree approximated to be 3,500 years old. It is believed that it was under this tree that Lord Siva and Parvathi were married. The tree is also said to produce four different mangoes which not only vary in shape but also taste.

The Camp:

Having spent two weeks in Chennai and seeing how the locals lived I was expecting our refugees to be living in a similar manner. I was therefore quite impressed by the conditions in this camp. It was cleanly kept and families had some form of roofs over their heads. It must be stressed that although the living conditions were much better that the local poor, the refugees were living in worse conditions to what they had lived in Sri-Lanka.

The refugees were mainly from the Mannar region in Sri-Lanka. We were taken around by Mr Christorajah and Mrs Padmini a health worker in the camp. We were shown the nursery, nutrition centre and medical unit where medicines and equipment are stored.

Housing:

Dwellings were two room brick walled houses. Space for a family was only 10 feet by 10. Roofing varied from tar sheet roofs to Oalai, a natural hand made roof from coconut leaves. The tar sheeted houses were extremely hot even on a mild day with a fan. Residents complained of the tar melting in the heat. Many of the houses have been recently rebuilt with assistance from OfERR and the government. Houses with Oalai receive more ventilation.

Water:

There are three bore holed water pumps for the camp. This water is salty and is used for washing and cleaning. Drinking water is obtained from a natural spring some 2 Km from the camp. We went to see this spring. The water is collected for drinking from the spring but it is also used for bathing and washing. There is potential for the water to become contaminated especially during the rainy season in November and December. As a result an increase in water borne diseases are likely during this time.

Patient 1

The first patient we saw was a 20 year old male who was severely disabled as a result of polio. He is unable to stand and carry his weight on his legs. He also had scoliosis and pectus excavatum of the chest. As a result of his disability he is fully dependent on his family and moves around by crawling.

We felt that this young adult would benefit from a wheel chair so that he could increase his mobility around the camp.

Patient 2

The second patient we saw was a 10 year old girl who had spastic deformities of her lower limbs. She also has equino varus deformity of her left leg. She is fully conversant and even attempted some English! When stood up she is able to support herself and able to move her legs in a walking fashion. She also requires help from her parents for dressing and toiletting. Her disability currently limits her as she is unable to attend school. For some one who is quite intelligent we felt that she should receive physiotherapy and rehabilitation. Calipers and crutches would also improve her life. Dr Soosai a Paediatric Neurologist is to see her and her family at a later date.

Social Amenities:

Camps are located several miles away from the local town and transport to and from the camp is very limited. There is a small Hindu Temple and church within the compound of the camp. Small shops were being run by some families. Many houses surprisingly had ITV's on full blast volume!

Overall Impression:

This particular camp is said to be more prosperous as people are able to obtain employment outside the camp.

◊ CAMP VISITS AND THE DR KARUNYAN EXPERIENCE

Three weeks into my visit to India I met with Dr Karunyan and his wife from the US. We were to travel together with a number of health care workers to visit patients from various camps.

◊ Workshop with Dr Karunyan

A meeting was held with the medical team and a number of health care workers. The aim was to discuss the healthcare workers training and work as well as evaluating the real needs of the refugees in the camps. The following are points that were brought up at the discussion:

Environmental needs:

Water and Sanitation:

- Boiling water - but this costs money for fuel
- Chlorinating water
- A number of camps still lack latrine facilities
- Teach simple hygiene methods - washing hands after using latrine
  - preparing food

Many camp residents are from the fishing community in the North and East of Eelam and they previously did not use latrines. Latrines that are built in refugee camps have become disused and misused by residents. Education is needed to overcome this problem.

Overcrowding:

- Houses are only 10 feet by 10 either constructed of mud/ cement or tar sheeting.
- Some are cyclone shelters just divided by sheets and saris for space for each family.
- There is a lack of privacy and the closeness of homes results in the spread of communicable diseases.
- Cooking inside the homes means that smoke is exposed to all those within the home.

OfERR have introduced the smokeless chola to some camps which enables cooking to occur with the smoke from the fire being removed via a chimney.

Disease Management:

Prevention:

Prevention of disease is better than cure and it is important that vaccination is widely available and hygiene and sanitation improved. This can only really be carried out through education. Good child care practice is valuable, but many families have for financial reasons stopped their children from continuing their education and made them work often in very dangerous and exhausting employment such as construction.

Many children and even adults are severely malnourished. This is due to financial constraints but OfERR does provide nutrition and vitamin supplements to those most vulnerable such as infants, pregnant and lactating mothers.

Disease:

Gastrointestinal diseases are common especially during the rainy season. OfERR provides oral rehydration solutions and de-worming drugs.

Asthma is a problem amongst the young and old and smoke from fire should be reduced as people sleep within the same four walls that they cook in. Compliance to treatment is a major problem not only amongst asthmatics but with other illnesses such as diabetes, TB etc.

There are many psychological problems facing refugees ranging from anxiety and depression to schizophrenia. Trauma from leaving their homes and fleeing a war as well as witnessing violent incidents and the disintegration of families and communities must contribute immensely to the psychological problems amongst refugees.

Compliance:

Compliance not only to taking prescribed medication but also to attendance to hospital is very poor amongst refugees. They seek medical attention but fail to take the appropriate medicines. Often they will pay for expensive and unnecessary injections instead of taking effective oral medication. Even a number of health workers who complained of problems did not take medication for anaemia and peptic ulcers available to them from OfERR.

This is mainly because the concept of medicine is so different. They believe that an injection which causes them pain is much better that a tablet. Also there is very little care given in government hospitals and treatment is sought privately, and these Doctors' abuse their power and prescribe expensive injections. Also private doctors whose aim is to make money will order numerous investigations which the poor refugee is unable to pay for and gets into debt because they believe and trust in the Doctor.

Healthcare workers:

Health care workers expressed their opinions many of them wanting to learn more. They wanted some basic English especially in medical terms as often patients would come to them with notes from Doctors written in English. Many of the medical terminology was unknown to them even if they could read the illegible Doctors' handwriting. They also wanted knowledge on interpretation of blood test results as patients would have to visit an independent laboratory for tests that a Doctor had ordered and would then have to pay again to visit the Doctor for him to see and advise on the results. Obviously the health workers wished to be paid more and with the current climate of refugees able to obtain employment outside of camps many of them could earn much more than they are as health care workers. Many of them indicated that they would prefer a more practical based course.

Overall healthcare for our refugees needs to be assessed and provided in a holistic approach taking into consideration the physical, psychological and social needs of the people.

Examining Student Healthcare Workers:

Earlier in June I had been the nervous medical student standing in front of overpowering Consultants while I was examined in my clinical finals. It was now my turn to be the examiner in the viva voce exam for the healthcare students. This was very much an interesting experience. The exams were held in Trichy and students came from all over South India from their Camps.

We, the examiners, were divided into three groups in order to examine on different topics. Dr Imban, Mr Nadarajah and myself were examining on child health, women's health and general management. It was quite a struggle trying to invent questions when your Tamil is so poor. I believe it was both nervous for us the examiners and the students. The students I found were extremely knowledgeable and very competent. Those that I examined should be proud of the work they have put into studying and also their teachers who have given them the knowledge.

The Dr Karunyan Experience.

One of the many high lights of this trip is the meeting with Dr Karunyan and his wife. Following the exam with the healthcare students we left Trichy as a group with a number of health care volunteers to visit a number of camps not only to see patients but to also teach the health care workers. We visited a number of camps. The travelling was very much an experience in many ways. There was much singing and sharing of stories. Some of these stories I will never forget as they are real life first hand experiences from Sri-Lanka.

"The smoke from the Army camp"

One of the volunteers had fled from the Eastern District in the 1980's. His one harrowing experience started when he was cycling to work one day. The Army that were rounding up young men that day and he was stopped and told to follow all the others into the army camp. As he was walking in a row a soldier tried to get his attention, but he ignored him in fear. The soldier tried this two other times and still he ignored it as he felt that if he responded he would put himself in danger. As he entered the camp the men were taken into a room where there was a man with a hooded mask who would look up and nod. Those that were identified were separated from those who were not. As he went in scared to death the nodder looked up towards him but did not nod. The soldier who had tried to gain his attention was also present and he asked him to come near him and as he did, he slapped him hard on the face and said that that was because he did not respond immediately when he was called. He was then let out of the room but those that had not been identified by the masked individual were rounded up and told by the Sinhalese soldiers that they should not try and help in any way any Tamil militant group. They were all then taken around to the back of the camp and shown a huge pit and as they were forced to look inside they could see burnt tyres with flesh and bone attached.

Our volunteer was eventually released and his parents were waiting outside the camp crying in fear that their son who had not returned home was dead. The very same night smoke could be seen coming form the direction of the camp.

I will let you who are reading this to imagine what that smoke was from. This is one story among many so similar and when asked if these individuals had told any independent human rights groups their experiences they often replied that what was their story when their were so many more that were worse and what difference would it have made.

"Is there a Doctor on the train ?"

Travelling back from the camps to Madras I was ill myself and fell asleep most of that journey. We were woken up by the conductor who had found out that there were Doctors aboard his train and was asking for assistance with a passenger who had diarrhoea!!

Book Distribution:

At the same time as visiting camps and seeing patients we also participated in presenting note books to school children. OfERR's educational section had bought many note books to distribute to camp children. At one camp while presenting books I asked the older children what they would like to do when they were older. One girl who spoke to me said immediately that she would like to become like me and become a Doctor. This really humbled me as it was so unexpected. Our presence not only helped people in the medical sense but also gave people hope that they themselves can achieve what we have. This is so important to the next generation of Tamils especially at a time when they are disadvantaged.

Meeting the People:

The refugees would often crowd around to see who the new faces who were coming to see them and so many times they would say that they were so happy to see us even if often we could do very little. Again they felt pleased that there are Tamils out there who cared enough to come and help them and this boosts their morale.

As some camps were difficult to arrange to enter we often arranged to see patients from various camps either in a church hall or local church hospital. The patients we saw varied from a young mother bringing a child with Downs syndrome to a child who was severely stunted in growth and who was emotionally depressed. Many times problems would be non-specific but on further questioning there would be an underlying psychological problem either anxiety or depression. Many of the children we saw were very much malnourished. It has been hard for our people who have fled to India, as the climate and diet is so different. Back in Eelam many would have had a daily diet of rich vegetables and fish, the availability and cost restricts them in India.

So many parents had stopped their children from attending school so that they could be sent to work on construction sites. These children and young adults carry heavy loads in the hot sun for very little money. Another problem amongst the camp residents is that money that they do have is not managed well and often they will out buy their neighbours and get themselves in debt. The money they have spent could have been better spent on food and improving their living conditions. The jealous and competitive nature of the Tamils has not stopped even in times when we have lost everything. It is not only in India that this behaviour continues but also amongst the Tamils in the Western countries. It is not only sad this occurs but it perpetuates this destructive war that is taking place against our people. Our problem can only be resolved by us when we all put aside our jealous and competitive nature and stand as one.

◊ TB PROJECT

My aim of visiting India and our refugees was not only to see for myself how they were living and learn about their experiences, I was also there to conduct a project on Tuberculosis (TB). This communicable disease is increasing world wide although effective immunisation programmes have been instituted for many years. The increase in TB is not only due to resistance to conventional antibiotics but is also due to the increase in HIV infections which lowers the immune systems resistance.

In Sri-Lanka an effective and comprehensive TB programme took place where by communities were screened and isolation and treatment was undertaken. An immunisation programme was also introduced with the BCG vaccination. Prior to the war the North and East of the island known to Tamils as Eelam had a comprehensive and effective health care system. This was superior to what existed in the south of the island and bettered many other developing countries. With the onset of the war in the North and East healthcare for our people has disintegrated for a number of reasons. Medical professionals found it easy to leave and obtain employment in western countries. Hospitals were short staffed and the next generation of medics lacked teaching. Also the economic embargo imposed by the Sri-Lankan Government resulted and still today results in dangerous short supplies of medicines and medical equipment. With people moving due to the destruction of their homes and the lack of employment and income, peoples health has deteriorated. Those still remaining in Eelam and those in South India living in the refugee camps are the most vulnerable. Their lack of income, poor diet and crowded living conditions makes them the right candidates to contract TB.

With the help of Dr C Rayner a consultant respiratory physician at St George's Hospital Medical school I decided to conduct a survey on the Compliance to treatment amongst those with TB. Whilst visiting refugee camps and seeing patients in the regional offices I conducted this survey with the help of the healthcare workers. A total of 50 patients were seen and questioned about their current living conditions to the actual treatment they are receiving and their compliance. In India the government provides free treatment to all those who have contracted TB at local government hospitals. This study could not have been conducted without the help of all those who arranged for me to see patients and the healthcare workers who patiently spent time interpreting the questionnaire to the patients.

At the same time as recording information we reiterated to the patients that they should comply with treatment as the condition could so easily spread to other family members. They were also advised to take the nutrition powder that OfERR provides.

The findings of this study will be presented in another report.

◊ LAST IMPRESSIONS: OUR RESPONSIBILITY TO OUR COMMUNITY

As I mentioned at the beginning of this report my visit to India was a humbling and privileged experience. The many people I met had very little in the way of personal possessions and wealth, but would give whole heartedly what they had. One 74 year old gentleman who came to me as a patient was bent over backwards in pain. He had been a farmer in Eelam and whilst I was struggling in Tamil to speak to him, he beautifully spoke in the Queens' English. So many times my bag would be carried for me even if it was not heavy and so many times I would be called Ucca even if I was the youngest. The respect and consideration given by those I met cannot and will not be forgotten.

Although many of us here in the west have worked extremely hard to get to where we are today, we are the lucky ones to have had the opportunities to make what we want to achieve actually happen. It is those who remain in Eelam and those in South India living an uncertain life who are the most vulnerable and less opportunate of our community. As Doctors and professionals in the medical field it is our duty not only to care for them, it is also our responsibility to do so. We should not shrug this responsibility from our shoulders as some body else's problem. It is our problem.

Those of us who have been brought up in this country need to be aware that had our parents not come to this country our lives would have been so different. We may even not be alive today. And it is a responsibility of parents to open not only their eyes, but to open the eyes of their children to see what is happening to our society.

The heath and social problems amongst our people is the responsibility of us as a whole and it is time that we all learned from those who have so little and give so much and make it our duty of care and a duty to care for those of our society who are the most vulnerable.

It is <u>our</u>
duty <u>of</u> care
and a
duty <u>to</u> care
for
<u>our</u> own community.