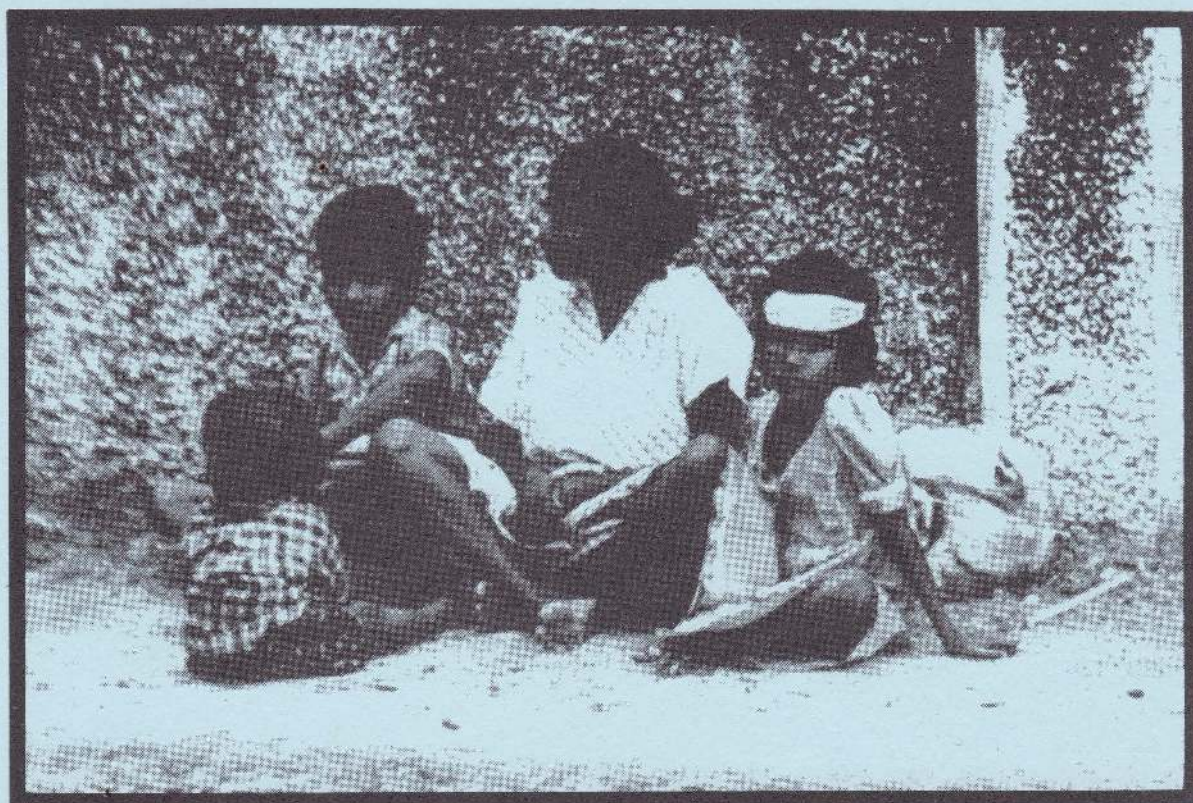


# HEALTH CRISIS IN SRI LANKA

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## AN URGENT APPEAL

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PREPARED BY THE MEDICAL INSTITUTE OF TAMILS

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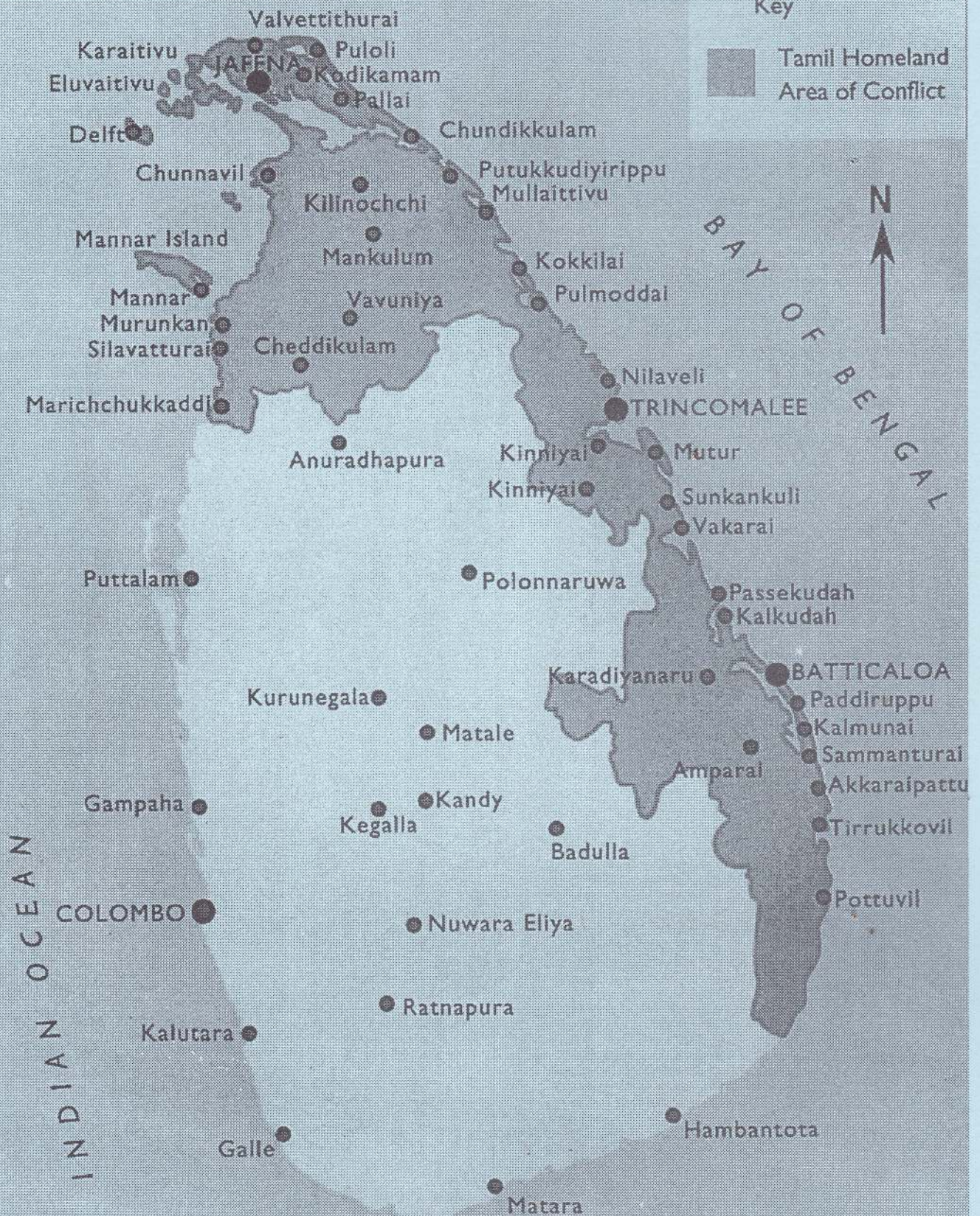


# SRI LANKA — TAMIL HOMELAND AREAS OF CONFLICT

Key



Tamil Homeland  
Area of Conflict





## HEALTH CRISIS IN SRI LANKA: AN URGENT APPEAL

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A humanitarian disaster is unfolding in Sri Lanka behind closed doors. When the military captured Jaffna from the Tamil Tigers (LTTE) in December, the city of 800,000 people emptied out, with few residents choosing to remain under army control. The government has barred independent observers from entering the war zone to assess the condition of the displaced people. Said a senior Western relief official: "I think they don't want an international presence there to witness what's happening."<sup>1</sup>

Because of the travel and reporting restrictions, little hard information is available about the condition of the more than half a million people who fled their homes in Jaffna. But it is known that their health and nutritional status is fragile, already undermined by a five-year-old government embargo on many foods, medicines and other essential items. Non-government organisations have reported severe malnutrition among some of the refugee children.<sup>2</sup>

According to one of the few aid workers to have visited the refugee centres in LTTE-held territory, the situation is becoming grave:

*"There is overcrowding, and in many of the welfare centres we found there was diarrhoea and dysentery. And malaria is a very common problem. You can find whole families afflicted with malaria, and very weak. And also the food problem is quite serious, I should say, because already we found underweight babies having problems taking meals, and mothers were very anxious. It's something that we have to curb and contain now, immediately, without waiting for a crisis to blow up."*<sup>3</sup>

The refugees are getting only patchy medical assistance, and it is not known whether the distribution of food is meeting their needs. Concern is growing about their short- and long-term health profile, especially among groups most at risk, such as mothers and infants. With prolonged under-nutrition, the health of these already vulnerable sectors is bound to deteriorate. Urgent action is needed to avert a catastrophe. The United Nations and its member states could help relieve the suffering of the hundreds of thousands of civilians caught in the crossfire in Sri Lanka by putting pressure on the Sri Lankan government to:

- **Withdraw all official and unofficial embargoes on food, medicine and other essential items in the North-East Province (NEP)**
- **Allow health workers, journalists and other independent observers free access to the area**
- **Declare safe areas for the displaced people**
- **Adhere to the UN conventions on the rights of children, and other conventions on the safety of civilians in war**



## The Tamil exodus

Sri Lanka, a tear-shaped island in the Indian Ocean, has been engulfed in a bloody civil war for the past 13 years. More than 50,000 people have lost their lives, at least 10,000 women have lost their husbands, and many thousands of children have been orphaned.<sup>4</sup>

Tamils comprise almost a fifth of the country's population of 18 million. Following independence in 1948, Tamils pursued a Gandhian-style, peaceful campaign against the political, economic, religious and educational advantages enjoyed by the Sinhalese majority. They also became increasingly resentful of the state-sponsored colonisation of their traditional territory by Sinhalese settlers. The peaceful, political strategy collapsed in 1983 after ferocious riots in which 2,500 Tamils died. Militants in the LTTE then launched an all-out guerrilla campaign for a homeland in the North-East Province. The Tamil minority is concentrated in the region, which is about the size of Israel, Kuwait or Fiji. It has been their traditional homeland for centuries; indeed, it existed as a separate entity until 1833, when British colonial authorities unified the island for their administrative convenience.

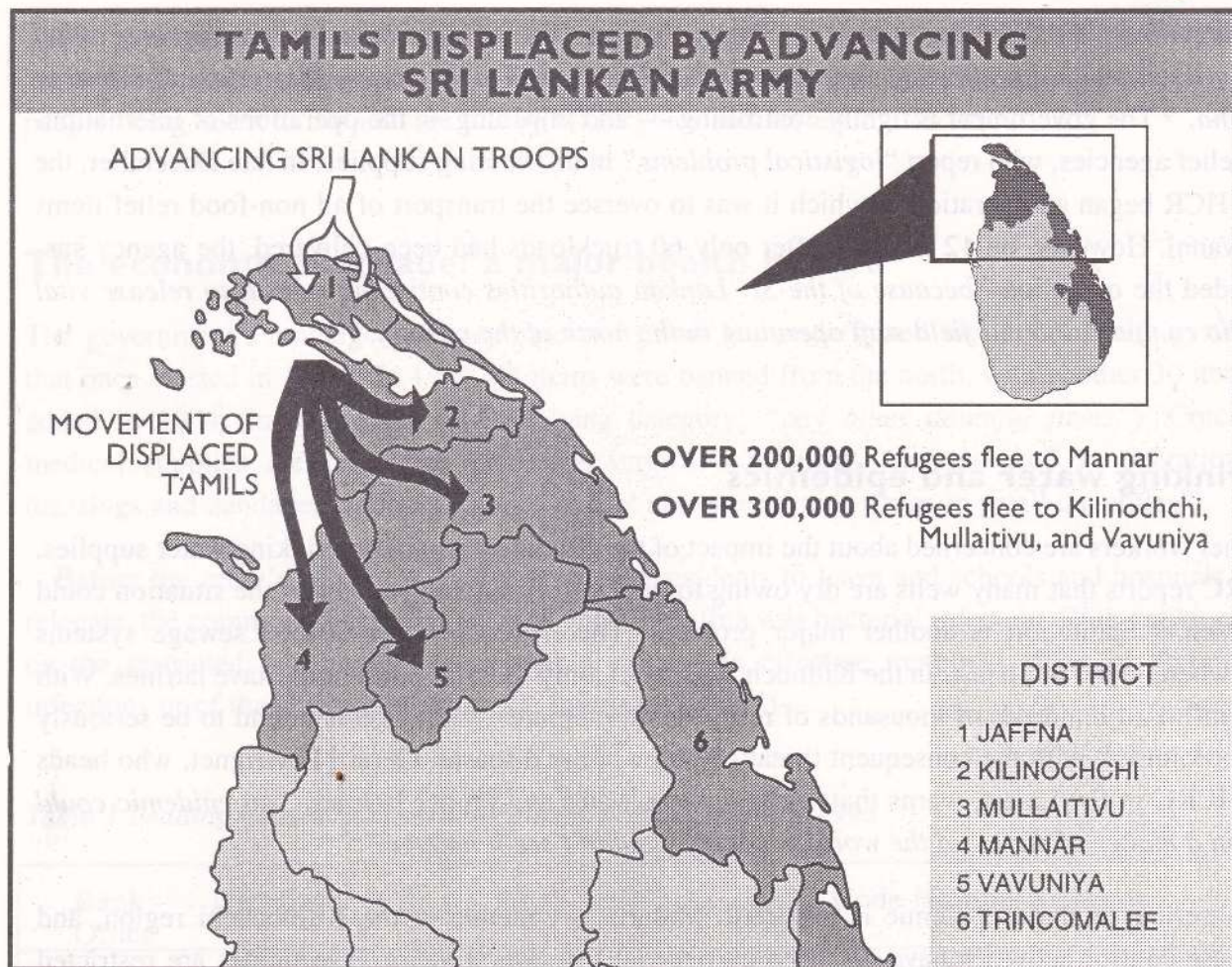
The conflict has recently escalated to unprecedented levels, with the government mounting a series of violent onslaughts on LTTE-held territory beginning last July. The military offensive culminated in early December in the capture of Jaffna city, heart of the Tamil homeland, which had been under LTTE control since 1990. In mid-1995, the Jaffna district was already sheltering more than 200,000 displaced people. Now virtually the entire population of its capital has been added to their ranks. If Tamil refugees in other countries are included in the count, at least one in three Sri Lankan Tamils are now displaced. (*Map 1*)

Vasantha-Rajah, the chairman of the state television network who resigned in protest over the government's military campaign against the Tamils, wrote: *"Within hours of Jaffna's fall, more than half a million people ran away from the 'army of liberation' to Tiger territory. That dramatic exodus of an entire people in the face of an approaching army ...is one of the most spectacular events that has occurred in a national struggle for independence anywhere in the world."*<sup>5</sup>

Rev. Chandra Khanthan, a University of Jaffna professor, witnessed the mass flight:

*"The army that invaded Jaffna, flattening everything in its path, caused terror and panic among unarmed Tamil civilians. Hundreds of thousands of men, women and children, the elderly and disabled, joined an endless exodus into areas where there was hardly any shelter, drinking water or other basic amenities. Paying little heed to the monsoon downpour, the people moved silently and slowly down the road to Thenmaradchi, like a herd of cattle being driven to slaughter. They were standing, sitting, falling, crawling on the road, without even knowing their destination. One incident will haunt the people of the little village of Potpathy — the three young brothers, all under 10 years old, who were blown to pieces by a rocket fired from a warplane. Their mother could not be consoled. More than 100 children died as a result of bombing and shelling between July and October, according to the International Committee of the Red Cross (ICRC) and the British charity Save the Children Fund. And yet the so-called free world has maintained a silence about the slaughter, under the banner of neutrality. Neutrality in such situations helps the killers, not the victims. Neutrality becomes another word for abject indifference."*<sup>6</sup>





Map 1

More than 300,000 of the people who fled Jaffna are now in Vanni, a jungle area that includes the small towns of Kilinochchi and Vavuniya. Another 150,000 fled to the Thenmaradchi and Vadamaradchi districts northeast of Jaffna, while an estimated 200,000 are on the mainland opposite Mannar Island off the country's northwest coast. Most of the displaced families are living in overcrowded refugee camps, schools and temples, or jammed in with friends and relatives. According to *The Times* of London, the refugees "are jobless, homeless, poor and angry. They blame their plight on a Sinhalese President who offered hope, then wrecked their lives." <sup>7</sup>

### Food and medicine

The mass influx into Vanni has occurred at a time when local food production has been devastated by the failure of the seasonal monsoon rains. Most of the rain that did come fell at the height of the displacement in early December and then stopped abruptly. To add to the problem, agricultural fertilisers are on the list of items the government has banned since 1991 from the North-East Province. According to the relief group Médecins Sans Frontières, the next rice harvest is expected to be less than one-third of normal.<sup>8</sup> Prices for food and other essentials such as soap have risen sharply in the Vanni district, at a time when the refugees are without jobs or other sources of income. Friends and relatives are unable to send money to help them out, because the government does not allow cash into LTTE-held areas.



According to BBC correspondent George Arney, *"the government is allowing some relief supplies in, but it doesn't want the refugees to get too comfortable, in case they refuse to return to Jaffna."*<sup>9</sup> The government is tightly controlling — and impeding — the operations of international relief agencies, who report *"logistical problems"* in distributing supplies. In late December, the UNHCR began an operation in which it was to oversee the transport of all non-food relief items to Vanni. However, on 12 January, after only 60 truckloads had been delivered, the agency suspended the operation *"because of the Sri Lankan authorities continuing refusal to release vital radio equipment to our field staff operating in the north of the country."*<sup>10</sup>

## Drinking water and epidemics

Relief workers are concerned about the impact of the ongoing drought on drinking water supplies. ICRC reports that many wells are dry owing to the lack of rain and warns that the situation could worsen.<sup>11</sup> Sanitation is another major problem. There are no water-flushed sewage systems anywhere in the northeast. In the Kilinochchi district, only 20% of households have latrines. With the influx of hundreds of thousands of refugees into the area, sanitation is bound to be seriously compromised, with the consequent threat of water-borne diseases. Gerard Peytrignet, who heads the ICRC in Sri Lanka, warns that without clean water and proper latrines, *"an epidemic could hit in a matter of days and the world probably wouldn't see it happen."*<sup>12</sup>

A serious malaria epidemic is expected. Malaria is endemic in the Kilinochchi region, and disease-control activities have not been carried out for several years. Insecticides are restricted items in the northeast, as are antimalarials and other medicines.

## Overstretched hospitals

Jaffna Teaching Hospital, with more than 1,000 beds, was closed down when the army captured the city, and staff were relocated to Chavakachcheri and Point Pedro hospitals to the east. But the buildings and facilities are grossly inadequate to cope with the increased demand, and expansion of the existing medical services is constrained by shortages of water and electricity.<sup>13</sup>

In the Kilinochchi district, hospitals are reported to be overflowing with patients, while staff and medicines are in desperately short supply. Dozens of people have died due to the lack of essential medicines. For instance, drugs needed in the treatment of tetanus and rabies are unavailable. There is a lack of diagnostic facilities, and drugs for epilepsy and mental illness, among others, are being dispensed without being properly measured. People are drinking unsafe water, and water-borne diseases are on the rise. Cases of malaria are increasing.

At the hospital in Chavakachcheri, 100 people died in November and December from septicemia and gastroenteritis. The hospital lacks drugs to treat gastroenteritis and typhoid, both of which are on the increase. Health workers say that stray dogs on the streets and the lack of anti-rabies vaccine are major problems there.<sup>14</sup> In Vavuniya, a 12-year-old boy died after the army denied permission for him to be taken to Colombo for urgent cancer treatment.



The government embargo in the north includes petrol and motor vehicles, so only bicycles are available to transport people to hospital. Roads are in poor condition, and critically ill people being taken to hospital are falling off bicycles and sustaining fractures.

### The economic blockade: a major health hazard

The government's embargo on many essential goods has undermined the model health system that once existed in Jaffna. In 1991, 43 items were banned from the north, with another 30 items added in 1994 (including the all-embracing category: "any other doubtful items"). Crucial medical supplies are restricted, including surgical equipment, oxygen used in operations, dressings and bandages, and medicines ("except non-prescription drugs in small quantities").

Before the army's capture of Jaffna prompted residents to leave and schools and hospitals to relocate, the commonest cause of hospital death in Jaffna was bacterial infection. With antibiotics on the restricted list, doctors were unable to provide effective treatment either of common infections or of those resulting from war injuries. (Table 1)

Table 1 Leading causes of hospital deaths in Jaffna District - 1993

Rank Order	Diseases	ICD Code Number
1	Other Bacterial infections	020 - 041
2	Ischaemic Heart Disease	410 - 414
3	Diseases of the respiratory system excluding the disease of the upper respiratory tract, pneumonia, bronchopneumonia and influenza	466,490 - 519
4	Slow foetal growth, foetal malnutrition and immaturity	764 - 765
5	Diseases of the nervous system	320 - 359
6	Diseases of the pulmonary circulation and other forms of heart diseases	415 - 429
7	Cerebrovascular disease	430 - 438
8	Diseases of the gastrointestinal tract	530 - 579
9	Pneumonia and bronchopneumonia	480 - 486
10	Traumatic injuries	800 - 904, 930 - 939, 950 - 957

Source: Annual Health Bulletin (1993) Sri Lanka



Although tens of thousands of people have died in the conflict as a result of aerial bombing, shelling and shooting, traumatic causes of death ranks only 10th on the list. This is because the injuries are so lethal and transport so scarce that most deaths occur before admission to hospital. Even many of those who are admitted die of infections because of the lack of antibiotics.

Sri Lanka's health system has been the envy of other developing countries, and the record in the Jaffna district was particularly impressive. Infant and maternal mortality rates are good indicators of the quality of health care provision. In 1982, Jaffna's infant mortality rate (IMR) was half that of the national figure. But the most recent statistics show the IMR in Jaffna soaring to twice the national average.

In 1982, the maternal mortality rate (MMR) in Jaffna was the same as the national average. But now it, too, is twice as high. At times when the conflict has escalated, the MMR in Jaffna has shot up to five times the national average. In the current emergency, sharp rises can be expected in both the infant and maternal mortality rates. (Figure 2)

Oxygen and nitrous oxide, used during surgical operations, were restricted items and reached the General Hospital in Jaffna in only limited quantities. Even before the gases were officially banned from the northeast, supplies were severely curtailed. (Figure 3)

The government escalated its Jaffna offensive at the very time the Sri Lanka staged "national polio day" in November as part of a concerted effort to eradicate the crippling disease. Because of the military onslaught, children in the north were deprived of the right to benefit from the mass inoculation.

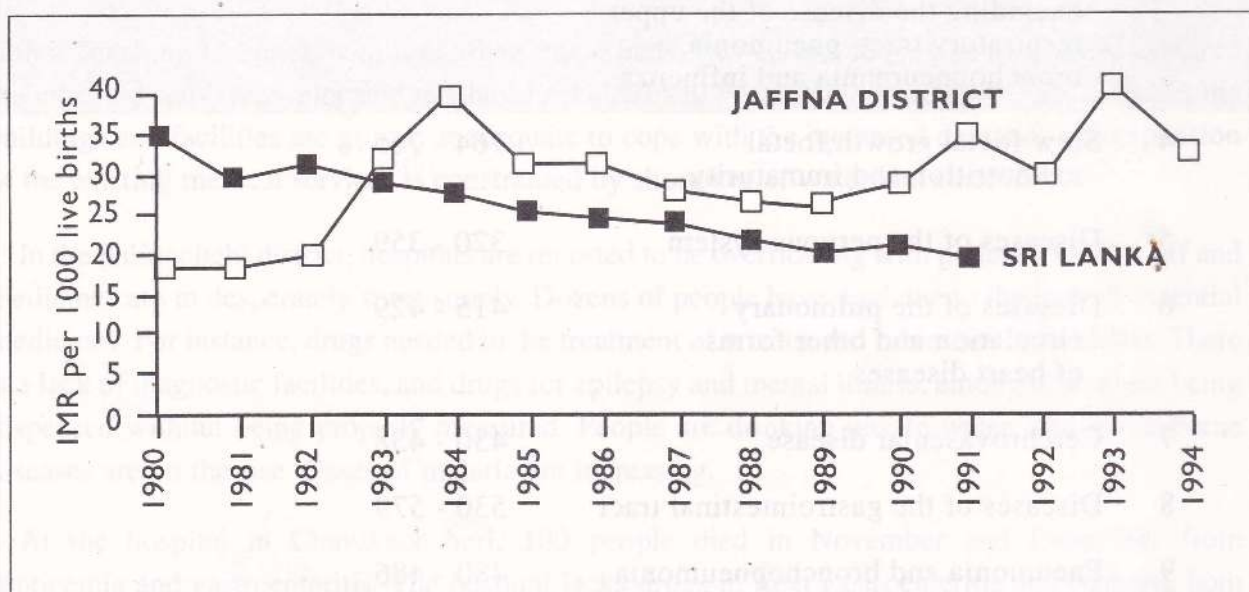


Figure 1 – Infant mortality rates

Source: Annual Health Bulletin, Sri Lanka; and annual reports of the Health Services, Jaffna



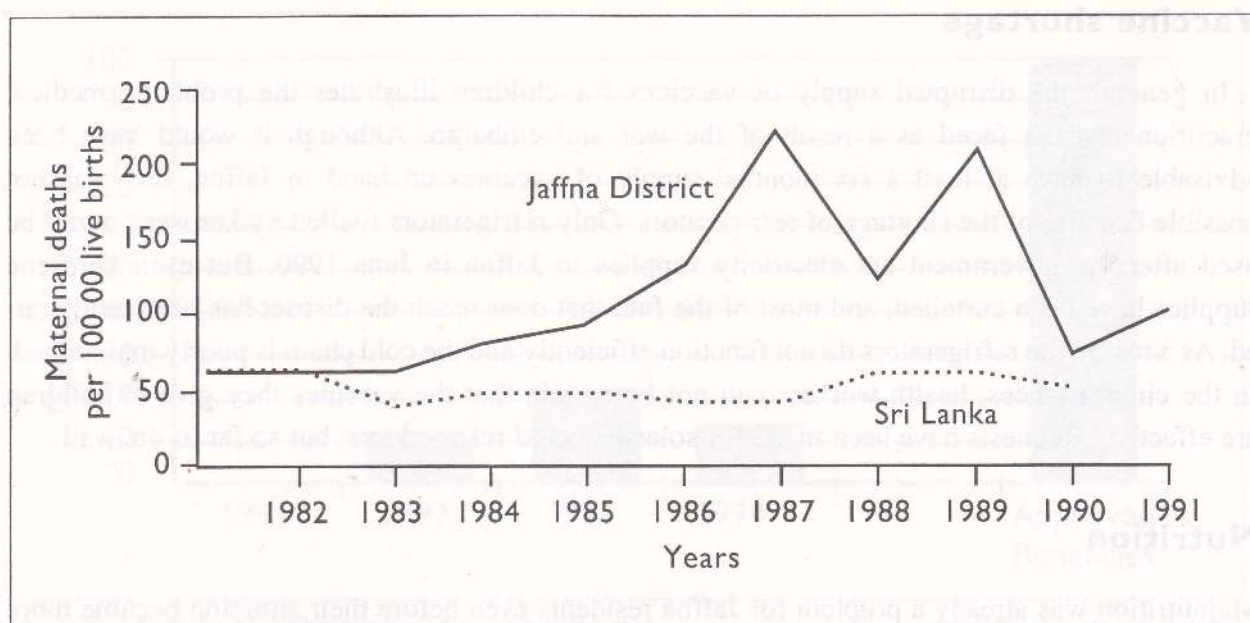


Figure 2 – Maternal mortality rates

Source: Annual Health Bulletin, Sri Lanka; and annual reports of the Health Services, Jaffna

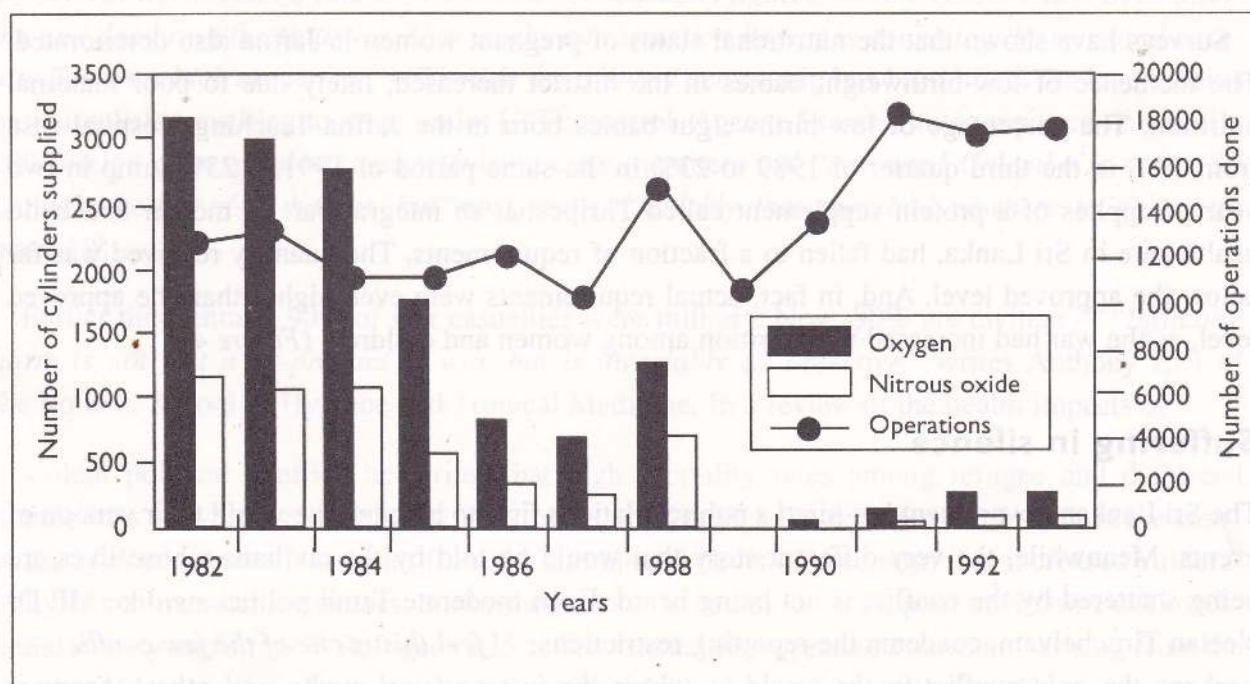


Figure 3 – Supplies of oxygen and nitrous oxide to general hospital, Jaffna

Source: Jaffna Teaching Hospital, Jaffna



## Vaccine shortage

In general, the disrupted supply of vaccines for children illustrates the problems medical practitioners have faced as a result of the war and embargo. Although it would have been advisable to have at least a six months' supply of vaccines on hand in Jaffna, this was not possible because of the shortage of refrigerators. Only refrigerators fuelled by kerosene could be used after the government cut electricity supplies to Jaffna in June 1990. But even kerosene supplies have been curtailed, and most of the fuel that does reach the district has been adulterated. As a result, the refrigerators do not function efficiently and the cold chain is poorly maintained. In the circumstances, health workers can not be certain that the vaccines they give to children are effective. Requests have been made for solar-powered refrigerators, but so far to no avail.

## Nutrition

Malnutrition was already a problem for Jaffna residents even before their situation became more perilous as a result of mass displacement. The flow of food into the rebel-controlled area had been restricted for some time. In 1990, the government also imposed a ban on fishing, depriving local people of a major source of protein. Before the war, the Jaffna district supplied 30% of the whole island's fish requirements.<sup>15</sup> But in 1993, the catch was only 1,000 tonnes, down from a pre-war level of 33,000 tonnes.

Malnutrition among children in the Jaffna district increased sharply after the start of the conflict. In 1976 (the last available national survey before 1993), only 3.7% of children in Jaffna were wasted (acutely malnourished), and the district had the lowest percentage of wasted children in the country. By 1993, the percentage for Jaffna had increased fivefold to 18.9%.

Surveys have shown that the nutritional status of pregnant women in Jaffna also deteriorated. The incidence of low-birthweight babies in the district increased, likely due to poor maternal nutrition. The percentage of low-birthweight babies born in the Jaffna Teaching Hospital rose from 19% in the third quarter of 1989 to 23% in the same period of 1991, a 25% jump in two years. Supplies of a protein supplement called Thriplosa, an integral part of mother and child health care in Sri Lanka, had fallen to a fraction of requirements. The quantity received was far below the approved level. And, in fact, actual requirements were even higher than the approved level, as the war had increased malnutrition among women and children. (Figure 4)

## Suffering in silence

The Sri Lankan government has hired a public relations firm to help tell the world their version of events. Meanwhile, the very different story that would be told by the civilians whose lives are being shattered by the conflict is not being heard. Even moderate Tamil politicians, like MP Dr Neelan Tiruchelvam, condemn the reporting restrictions: *"I feel this is one of the few conflicts — perhaps the only conflict in the world — where the international media and other observers have not been allowed to enter the theatre of the conflict and to directly observe and report on the situation. I do not think this is a helpful policy even from the government's point of view."*<sup>16</sup> (Figure 4)



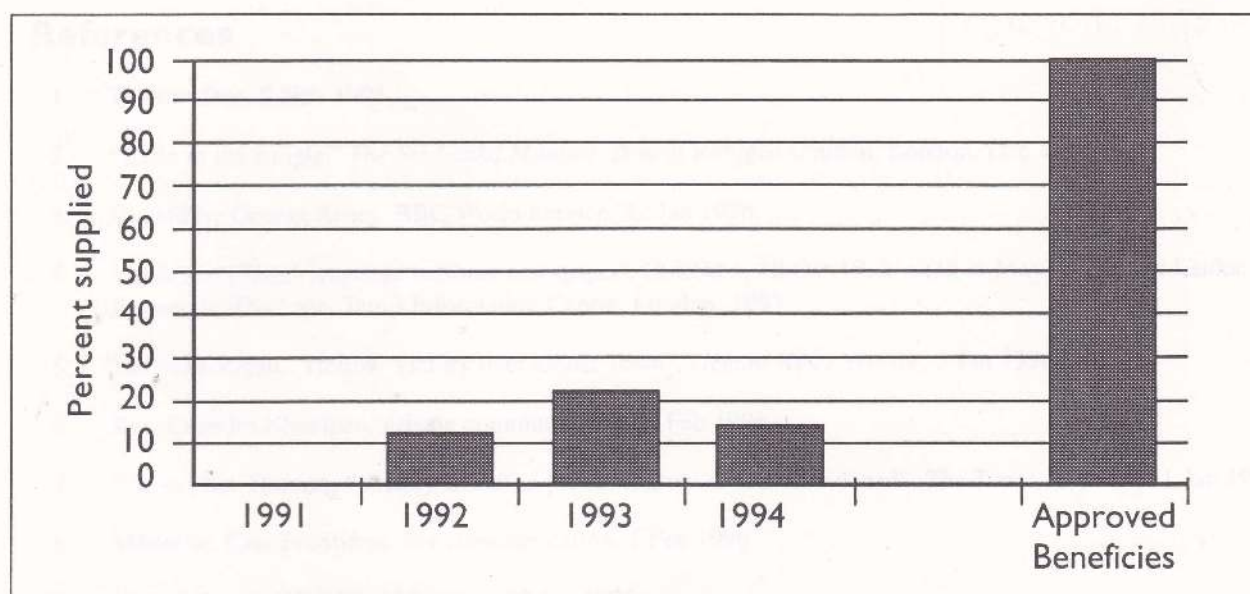


Figure 4 – Supply of “Thripasha” to Jaffna district

Source: Jaffna Teaching Hospital, Jaffna

The *Toronto Star* reported that “relief workers are so afraid of making the government angry, they refuse to photograph or shoot videos of the refugees’ suffering and smuggle pictures out to the reporters ... Few were willing to criticise the government, because they are afraid it will shut down their relief operation in retaliation.”<sup>17</sup>

Sri Lankan newspapers were subject to military censorship during the army offensive in Jaffna, which prompted the *Sri Lankan Sunday Times* to publish this protest: “Our Situation Report has for several weeks been trying to give the correct casualty figures, but the censors have been diluting and doctoring the statistics. That is why our Situation Report is not giving the censored casualty figures, which are wrong.”<sup>18</sup> Though the military censorship has been lifted, the ban remains on journalists travelling to areas under LTTE control. Agence France-Presse reported that nearly 200 foreign correspondents and television crew members had “swamped Colombo to cover Sri Lanka’s mother-of-all-battles, but most realised quickly that they had nowhere to go except home.”<sup>19</sup>

Earlier this century, 90% of war casualties were military. Now, 90% are civilian.<sup>20</sup> “Inflicting harm is not just a by-product of war, but is invariably its objective,” writes Anthony Zwi of the London School of Hygiene and Tropical Medicine. In a review of the health impacts of

violent political conflict, he writes that high mortality rates among refugee and displaced populations — which, at their worst, may be “up to 60 times the expected death rates in the acute phase of displacement” — result from the combined effects of poor nutrition, increased vulnerability to communicable diseases, diminished access to health services, poor environmental conditions, anxiety and stress.<sup>21</sup> Refugees also suffer “social displacement syndrome” arising from the anguish of leaving their homes and not knowing when, if ever, they will return.<sup>22</sup>

All of the above applies to the more than half a million internally displaced people in Sri Lanka, who now await a humane and timely response to their plight from the international community.







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# JAFFNA DISTRICT — MEDICAL INSTITUTIONS

## Assistant Government Agent Divisions

- |                        |                             |
|------------------------|-----------------------------|
| 1. Delft               | 8. Vaikamam South           |
| 2. Island South        | 9. Vaikamam North           |
| 3. Island North        | 10. Vaikamam East           |
| 4. Jaffna              | 11. Thenmaradchi            |
| 5. Nallur              | 12. Vadamaradchi South-West |
| 6. Vaikamam South-West | 13. Vadamaradchi South-east |
| 7. Vaikamam West       |                             |



Valvettithurai

Point Pedro

Arduvelli

Tellipalai

Chankanal

Kopay

Jaffna

Chavakachcheri

Kyats

Analthavevu

Nainatheevu

Pungudutheevu

Delft

## Key

- Provincial & Teaching Hospital
- Base Hospital
- \* District Hospital
- Peripheral Unit

