

After an hour long discussion, we were invited to visit the IDP camps. All three of us travelled with the Brigadier in his 4WD vehicle. The Army camp was about 30 minutes away from the IDP camp. The IDP camps were divided into zones. We visited all the zones. We drove around to look at the conditions and people in the camps. The zones are over a length of 7km and a width of 2-3 km. Majority of the tents are provided by the UN and the Government of China, which have been erected in this area.



Figure 3: Zone 3-most populated camp

Zone 3 is the most congested when compared to Zone 1 and 2, as it houses the most number of people (see Fig. 2 & 3). This Zone is the one that manages the 100,000 people that evacuated the terrorist control area. The tents look stable and it was apparent that during strong winds and rain, the tents could be secured to provide safe living conditions. What was also apparent was that the people in these camps did not show any fear of the Army personnel. Most went about on their daily routines. We also noticed that the people we saw in the camps were generally not malnourished. We saw people preparing their meals, having baths and chatting with each other. Most importantly, we never witnessed any person running away from us or even running towards us in rage or remorse. None asked us for any help or begged for money.

Apart from the camp sites you see in the pictures, there are areas in each camp where there are banks, shops selling food and groceries, barber, and collection sites (for food and basic amenities). The banks have been established for the IDPs to keep their monies. This provides security for the Sri Lankan Tamils who are there. We witnessed people lining up in an orderly fashion to collect their food and amenities. There was no chaos which showed that the people may have been satisfied with the way the supplies were handled and distributed at the collection centres (see Fig. 4).



Figure 4: IDPs queuing for food and other supplies

Brigadier L C Perera also took us to the hospitals at all the sites. The hospitals were packed with people. When we walked in, we immediately noticed the orderly fashion that people were waiting to see the doctors. There were two doctors that were attending to the patients. In all instances, we noticed that everyone was being treated. Dr Veronica spoke to the patients in Tamil and the feedback she had was positive. There were no complaints of mishandling or abuse. Kudos goes out to the doctors there who are doing a fantastic job in treating the patients. However, we would have liked to see more doctors so that the waiting time for patients could be reduced. Nonetheless, what is more important is that proper medical attention was being given to everyone that walked into the hospitals. The wards were congested but medical attention was being given and we did not witness any patients left unattended. In our opinion, more volunteer doctors are needed. If you are a medical doctor and would like to offer your services, please drop me an email at mmd239@hotmail.com and I will forward your request to the Ministry of Health in Sri Lanka.

Currently, there are growing cases of Typhoid and common dysenteric diseases. The Sri Lankan Government has consulted an irrigation specialist to better manage the water treatments in the area. In Figure 5 above, you can see the medical camp by the Government of India which has been there for the past 6 months and is located at Zone 1. The Indian Government has supported the IDPs by providing about 60 medically trained staff and medicine supplies. The hospital is fully equipped with trained personnel who are receptive to these conditions. The supplies are brought in regularly. We had a good session with them and did discuss their challenging times. I must give India full credit for taking the interest and helping the patients in these camps. *Question...If a medical team from India can be stationed at the IDP camp to help these people, where are the other countries and their help?*

Our most enjoyable visit was to the school in these camps. The children are divided into various age groups and they are thought the basic

school curriculum (see Fig. 6 & 7). We expected children in dirty and torn clothing, mentally scarred and shudder and run away when they saw us. If there were indeed atrocities, wouldn't you expect the children to be affected first? Instead, it was simply the opposite of what we had expected as captured in these pictures. They speak clearly and loudly in Tamil with full of zest. Both Mr Chandran and Dr Veronica interviewed some of them to learn if there was any harm being inflicted on them.

"If there were indeed atrocities, wouldn't you expect the children to be affected"

We discovered that they had one major complain – they softly whispered to Mr Chandran that they had been requesting to play football but have not been given a ball yet! (see Fig. 8) I laughed in relief...relief since we were all satisfied that the IDPs have been taken care of by the authorities to the best of their ability. The NGOs and UN-funded agencies are doing a fantastic job with the Sri Lankan Government, through Brigadier L. C. Perera, in handling the IDP camps.

The people in Sri Lanka are professionals and unsung heroes. There are many who would like to discredit and create negative propaganda for Sri Lanka. I will not waste my time contemplating on the possible reasons except to say 'PLEASE VISIT SRI LANKA AND SEE FOR YOURSELF' and if you decide to go, please remember to include footballs in your suitcase.

We left Sri Lanka feeling that there is a new beginning to all of this. I can't help but feel excited for the Country. She has a bright future, a very very bright one indeed. Those who would like to help, please visit the people or organisation that you trust and please provide the necessary assistance. Sri Lanka is 'now 1 nation' and 'no more 2'. The Sri Lankan Sinhalese and Tamils belong to Sri Lanka. We wish heartiest and heartfelt congratulations to all in Sri Lanka and a new beginning with happiness, peace and prosperity.

AS WE SAW IT on 16 JULY 2009...and you do not have to believe it. But this is, as it was... – By IG Chandran

How it all started

It was first mooted when Dr Sermal Perera got news that there were several orphans in the IDP camps. The immediate response was what we could do to help these children. A temporary home in a Colombo orphanage was one of the options. It was not going to be that easy that the authorities were going to hand over orphans to us. The only way to make an informed decision was to actually visit the IDP camps. And for that, we needed permits from the Ministry of Defense (MOD).

Dr Sermal Perera was in contact with the Government of Sri Lanka's (GOSL) High Commission in Kuala Lumpur and its Deputy High Commissioner, HE Major General Udaya Perera provided full support. He actually encouraged us to go and see the IDP camp for ourselves. Hence, the decision was for us to see the state of the camps and assess their needs.

Flying into Colombo and road journey to Vavuniya

Three of us (Dr Sermal Perera, Dr Veronica and myself) flew out on Tuesday, 14th July 2009 to Colombo and it was 9pm by the time we checked into our hotel. We got our MOD permit in the late afternoon on Wednesday, 15th July, and decided to depart for the Menik IDP camps in Vavuniya early on Thursday, 16th morning. Dr Sermal's old friend provided us with a 4 wheel drive and a driver, and we departed at 330am. We were at the Vavuniya checkpoint by 730am and after checking and clearance, we had free access to all the surrounding villages where life seems to be going on as normal. There was military/police presence, but not over bearing. Apart from 2 checkpoints, nobody stopped us to search or check for anything. We then communicated by mobile phone with Brig LC Perera, the Chief Coordinator for the IDP, and were directed to the HQ.

Chat with Brigadier LC Perera

We started off with saying that our primary purpose was to see how we could help the child orphans, to which the Brigadier explained that the GOSL had taken special responsibility for this part of the IDP and in fact it was under the direct purview of the First Lady.

He then gave us some pertinent information and some were in response to our questions:

110,000 IDP children; 160,000 IDP adults; Average 7 fatalities a day (mainly above 60 and for illness pre-IDP such as diabetes, cardiac); There was another camp of 17,000 in Jaffna; There were small camps starting January 2009; The avalanche was in May when they had 100,000 one day and 85,000 the next day. They just could not cope with the volume and had to use 250 buses (packing 100 to a bus) and before that used tractors to transport them out of the lagoon to the buses. The IDPs were starving, fatigued, unclean and in a sad state; It took 72 hours non-stop work to clear 7 sq kilometers to ready the camps; The earlier zones (there are 3 zones) were zinc huts but later they were canvas tents mainly from China; Zone 1 was developed in Nov 08, Zone 2 in Jan 09 and Zone 3 in May 09; Each Zone is further divided into blocks and each block has its own kitchen; The IDPs have drawn out their own roster for cooking responsibilities; The NGO's provide 1,900 Kcal of food daily (2,100 Kcal is the recommended amount as per WFP); There are 2 hospitals (1 donated and managed by India with 60 staff and an operating theatre); There are also makeshift schools for children with desks and chairs; Brig Perera also showed some pictures taken from his mobile when they flew over the lagoon and the beach before the final push - The beach was fully dotted with people (now IDPs) which the LTTE had looped as cover; About 10,000 LTTE cadres have surrendered and they have been put in separate camps; The guess is that there are another 1,500-2,000 LTTE members still in the camps; All the IDPs have in the last 25-30 years lived under LTTE environment and will need counseling settling into free livelihood; The immediate assistance needed was supplementary food and personal effects (such as chicken, oil, chilly, dried fish, umbrellas, footwear). Brig Perera will be happy to receive these or the funding for these through any approved NGO or the Government.

Visit to the IDP Camps

Brig LC Perera offered us to accompany him in his vehicle and our car followed behind. This is what we saw:

There were sentry points to enter each camp; Yes, there was perimeter barbed wire fencing. There have to be boundaries....; We zigged zagged in and out of each zone and inside the zones. It was as it was. There was no preparation of a show for us; It was very hot and dusty especially with the winds and the arid surface soil; There were water hydrants where there were queues in some and where in others some were bathing in the open because of overcrowded bathrooms; There was virtually no military presence inside the camps. The IDPs were going about their daily lives freely; We visited both hospitals; The Government hospital was crowded but orderly. There were 2 doctors on duty. It was in a huge hangar sized tent with the inscription 'FROM THE PEOPLE OF JAPAN'. However, there are more doctors needed to relieve the existing ones; The Indian hospital (zinc corrugated structure) funded by the Government of India was less crowded. The 2 Indian doctors on duty explained that they have enough medicines: There was movement of drinking water supply tankers and construction vehicles; There were UN and NGO vehicles too; There were banks and ATM machines in each zone; There were grocery stores in each zone; There was a mobile phone network; The density of tents seemed crowded; Spoke to the children in some of the classes. They were in happy spirits and had rice and fish for their meal. They were clean and well clothed and some had holy ash on their forehead (indicating prayer before attending school). It was a mathematics class in progress; We were not stopped from speaking with anyone and seeing anything; Nobody came running to us crying for freedom and to free them from atrocities, if any; I saw a couple of ladies wearing their gold *thalikodi* (matrimony chain) and walking about freely

"The hospital was crowded but orderly. However, there are more doctors needed to relieve the existing ones"

Conclusion

We have to put this into context. There are about 300,000 IDPs, and in such influx, and it is post conflict, and in a third world country. It is a tremendous effort and in our view, let's not be dragged away from the real issue by just the picture of IDPs behind "barbed wires". So much is being done, and has been done, with priority to resettlement and retraining vocation such as fishing. Resettlement can't be hurried. There has to be housing, utilities and basic infrastructure, and most important of all, the villages have to be demined before resettlement.

Sri Lanka needs help and the IDPs need help. Let's look forward.

Live Journal from IDP Camps at Vavuniya, Sri Lanka By Dr Veronica Chelliah

How it all started...

On the 10th July 2009, I got to know that Dr Shermal Perera was travelling to Sri Lanka to visit the IDP camps in Vavuniya. I learnt that he intended to identify orphans and relocate them to an orphanage in Delgoda (30 miles off Colombo) by the Sri Lanka Buddhist Temple in Sentul, Malaysia. Apparently, the orphanage was approximately 80% completed and could house about 200 orphans at full capacity.

I thought this was a noble and kind initiative. However, I was concerned about the following issues:

- **The children had only recently lost both parents in war and were probably still shaken up and scared. The trip to Colombo may add fear to them;**
- **The children may have developed a sense of trust and bonded with their caretakers at the camps and may feel insecure by the transfer and new caretakers;**
- **Whether the facilities at the orphanage in Delgoda would be adequate; and**
- **The mental, emotional and psychological state of the children and whether the transfer would aggravate their emotional and psychological state of mind.**



Figure 5: At the medical clinic run by the Government of India at Zone 1. Brig. L C Perera is 2nd from the right

Notwithstanding the above issues, if the Delgoda orphanage offered an improved alternative, then, the relocation and transfer is still a workable option to explore. Furthermore, I also thought about the caretakers and whether there was sufficient manpower with relevant experience to cater for the children's psychological needs. I went on to picture the photographs that have been in circulation over the press and internet and the 'hear-say' stories from my patients and friends to which I shuddered and began to weep. The fear crept into me at this point thinking about the unknown and imagining the worst.

At this point, I realised that there could be many different scenarios of the current state of affairs of the orphans and decided to make a personal assessment of the orphans and conditions at the IDP camps. I made a call to Dr Shermal, and the next thing I knew, I was invited to a dinner at Dr Shermal's house where I met the Deputy High Commissioner of Sri Lanka to Malaysia, H.E. Major General Udaya Perera and his wife Thelma, and Mr IG Chandran, who I learnt was also traveling together with us to Colombo. Major General was in full support of us going to personally visit the camps in our own capacity. He informed the Ministry of Defense in Sri Lanka of our intentions to visit the orphans and to travel to the IDP camps. He also told us that he would organise the respective Army personnel to facilitate our permits to allow entry into the Vavuniya area.



Figure 6: Lessons in progress at makeshift classrooms in Zone 2 (Age: 14 - 15 yrs)



Figure 7: Lessons in progress at makeshift classrooms in Zone 2 (Age: 10 - 12 years)

At this juncture, I would like to declare that I was going on the trip in my personal capacity and not representing any organisation as such. We travelled from Kuala Lumpur to Colombo on 14th July 2009. On arrival, Dr Shermal started to communicate with Captain Silva (our contact in Sri Lanka organised by Major General Udaya) to obtain our permits to travel up North. At this point, all our particulars were collected and submitted for approval by the Ministry of Defence.

As our permits were being organised, on the 15th of July, we decided to travel to the orphanage in Delgoda to assess its stage of comple-

tion and suitability to house the orphans. Although it was 80% completed, I was not convinced that any orphans could be admitted over the next 1 month at least. The classrooms were completed but the accommodation facilities still required additional work.

On the following day (16th of July), we started our journey to Vavuniya at 3.30 a.m. Dr Shermal's close friend, Mr Ranil Pathirana, offered the services of his personal driver, Mr Prasad, and his vehicle for our mission. We arrived at the Vavuniya check point at about 8 a.m. It was interesting to note that we were able to travel freely after this check point. We then travelled to meet Brigadier L.C Perera, the Head of the IDP centres.

We were warmly greeted by Brigadier Perera at his office where he briefed us on the history and the sequence of events that took place during the war and how the Sri Lankan Tamils were rescued and taken to the camps. He also showed us on the map the locations of the camps and zones into which they were divided into.

We took turns to ask many questions and Brigadier Perera was extremely cooperative and answered all our questions with great ease. Over and above all the statistics and numbers indicated in Dr Shermal's and Mr Chandran's writeups, of which I concur, the following are my additional points:

"Personally, the conditions were far better from what I was expecting to see and experience"

• **Deaths**

An average of 7 deaths occurred on a daily basis. There was a medical record that Brigadier LC Perera referred to and read out statistics with details such as age, gender and cause of death. He summarised the main causes of deaths as - Myocardial Infarction, Cerebrovascular Accidents, Pneumonia, Typhoid, Hepatitis A and complications of Diabetes and Septicemia. More than 90% of the deaths were due to the above causes and almost 80% of the deaths were those above 60 years. Important to note that most of these illnesses were prevalent prior to admission into the IDP camps.

• **Orphans**

We were told that the resettlement of the orphans has now come under the special attention of the Government, and the First Lady has taken special interest in this matter. The trip was short, hence, we were unable to get the necessary permits to see these children. It was good to hear that the children were placed under high security protection for their safety.

• **Medical – Aid**

There were two hospitals that we visited:

- * One by the Indian Government
- * One by the Sri Lankan Government – facilities donated by the People of Japan

All the doctors attending to the patients served with a smile and in a very friendly nature. There were also doctors from local hospitals around Sri Lanka and India. We had the opportunity to meet four doctors and discussed the various problems faced. Medically and surgically, there seemed to be sufficient relief for the time being. The availability of medical drugs seems sufficient. However, I am not aware of the availability of any psychologists and/or counselors at the site. If there is none, then, it is imperative to put this in place.

I am also concerned with the IDPs dietary requirements. Due to the number of poorly controlled diabetics and related complications, I assume that this is due to no provisions being made for a special diabetic diet. If this is the case, then, there should be a block in each camp to cater for the diabetics. There are laboratory facilities and X-Ray facilities to help in diagnosing the IDPs. Clinical examination is the main method of diagnosing due to the large number of patients. It is more efficient at this stage to provide prophylactic treatment to those who are ill rather than performing laboratory tests and investigations. The doctors involved in the IDP camps are well-trained and are able to make clinical judgement and calls with minimal diagnostics. The medical care is not what you would be faced in a clinical/hospital in Sri Lanka, or anywhere else in the world, but the standard of care in these circumstances meets the medical need.

• **Food Supplies**

We were informed that each person was getting 1,900 Kcal of food daily. This comes in the form of rice, lentils, flour, milk and oil. Efforts

are being made by the authorities to increase the calorific intake to 2,100 Kcal as per WFP's requirement. From a medical point of view, there are a large number of cases who appeared malnourished. I believe they may have been malnourished prior to coming into the IDP camps and they would certainly require more than 2,100 calories to alleviate themselves out of this state. From my observation and understanding with regards to dietary intake, perhaps nutritional supplements and a higher-protein diet could be provided.

• **Water/Sanitation/Hygiene**

There was no visible rationing of water although there were queues at some hydrants. There were people washing themselves in the open. We were informed that UNICEF supplies 50 million litres of water daily for use at the camps. In addition, there are also tanks that supply water to the camps. Drinking water is purified from these sources. Of serious concern was sanitation. It was obvious that toilets were insufficient. This, I foresee may become a problem over time, if not adequately addressed, especially with diseases transmitted by the oral fecal route. This may also increase flies' related illnesses. In addition, an increase in the incidences of malaria, typhoid and dysentery could occur. I observed that some of the IDPs walked barefoot and the other common footwear was open sandals. De-worming, if not already carried out as a procedure, should not be precluded. This may help in the preventive care in the general wellbeing and health of the IDPs. Pest control and fogging activities, if not already carried out, would be a deterrent to many potentially fatal diseases.

• **Education**

I was surprised that there were properly demarcated classrooms based on age in each of the Camps. The children at the school appeared in clean clothes with books in hand. We visited the classes, spoke to the teachers and students, and there was a group preparing for their A-Level exams in December 2009. They had their revision papers, past question and answers with them. However, the Year 5 students who were preparing to sit for their exams at year-end, had not received their revision papers. Brigadier Perera was disappointed and said he would look into the matter personally. There was a class where the teacher was absent and that seemed to be a common problem.



Figure 8: Mr Chandran talking to the children during school time

Conclusion

Overall, it was a great eye opener for all of us. Thanks to all parties concerned that made this trip possible. Personally, the conditions were far better from what I was expecting to see and experience. Do they need help? Most certainly.... Anyone wanting to offer help in anyway may contact me at drcv1@yahoo.com anytime. Personally, I feel that the following items/services is beneficial for the IDPs: Financial aid; Food supplements; Footwear; Umbrellas; Worm treatment; Volunteers - To help at the hospitals, to teach at the schools, to listen and counsel and to assist with the resettlement plan.

Contact Details

Dr W Shermal Perera - Email: mmd239@hotmail.com
Dr Veronica Shanti Chelliah - Email: drcv1@yahoo.com
I G Chandran - Email: igcvc@streamyx.com

Mailing Address: 11-0-9, Jalan 3/109F, Danau Business Centre,
Taman Danau Desa, 58100 Kuala Lumpur
Malaysia
Tel: +603-79878903 Fax: +603-79878901

