

Stories from Chinmaya Mission website re Vaharai

There are 6 refugee camps in all in Vakarai. The Mission has identified the largest camp in Vakarai where there are over 4,000 homeless survivors. The human and property loss suffered has been extensive. Each of these families have lost friends and family, their homes and other belongings as well as their livelihoods. As most of these coastal families were fishermen they now need counseling to overcome their depression and fear of the sea as well as help in rebuilding their homes and lives.

We traveled to Kattumuraivu, which is a remote village about 20 kilometers inland from Kathiraveli. We found that the villagers were in a state of chronic malnutrition and many young children were unvaccinated or inadequately vaccinated. We saw about 144 patients in a village of about 200 families. Medical care is usually provided via a health visitor who makes a trip once per week providing weather and road conditions are conducive. The road conditions are tenuous especially during heavy rains needing 4 x 4 vehicles or tractors to travel to the village. The logistics of medical management in this village and two more villages in the region will continue to be a challenge due to difficult access and scarcity of transport vehicles.

#### **January 16, 2005 – Kandaladi Camp**

This camp is well organized and the people have adequate water supply and shelter. Like all of the camps, however, sanitation conditions and public health education need to be improved. There are about 220 families at this camp and we had seen 210 patients.

Dr. Susila Nair, Dr. Pushparani, Mr. Mohan, Ms. Cecilia and Ms. Rozi returned to Malaysia this evening after completing the medical camp.

#### **January 17, 2004 – Panichangkerny Camp**

We needed to transfer our mobile pharmacy into boats to go to the camp across the Batticaloa River. We saw 123 patients in a camp of 321 families. This camp is located on lower ground and as a result is vulnerable to heavy rains and disease due to poor sanitation and stagnant water. Some tents are lacking ground sheets. Water borne disease is a problem with 11 cases of watery diarrhea and five cases of dysentery being identified at this visit. This area is also a breeding ground for mosquitoes, which brings the threat of malaria. We treated diarrhea cases aggressively and health education was provided regarding water treatment.

#### **January 18, 2005- Uriangkattu**

This is a large camp of about 396 families. We had seen 180 patients today. Crowding is a problem in this area.

#### **January 19, 2005**

Drs. Vasu and Durga Malepati, Dr. Ami and Amit left Vakarai today. We transferred our belongings and boxes of medical supplies to Kathiraveli camp in TRO

accommodations for doctors. We joined with three doctors, one nurse and one primary health trainer from the UK sent by the TRO.

### **January 20, 2004 – Uriangkuttu Camp**

We saw about 140 patients. Due to heavy rains over the last 3 days, respiratory illnesses predominated, followed by ten cases of watery diarrhea. A team from New Zealand residing in Batticaloa arrived today sent by BDHeart. A disaster relief expert named Billy Doyle assessed the hospital ground and we discussed the possibility of using minimally affected buildings as a permanent clinic/hospital for the people of the Vakarai region for the purpose of centralizing care and providing urgent medical care. He agreed to provide funding for the rehabilitation of the hospital and the provision of doctors of Tamil background from New Zealand and the USA on a rotational scheme. Accommodations were to be on hospital grounds.

### **January 21, 2005 – Panichangkerny Camp**

We saw approximately 182 patients. Lack of water drainage continues to be a problem in this area. Less diarrhea cases were seen compared to our prior visit. *Phee from the Chinmaya Mission* arrived today with toys, mats, sarongs, buckets and other essentials for the camps. Linda, the primary health care trainer in the group, spoke to camp leaders to determine the needs in each camp. Goods were distributed appropriately. Some ground sheets were delivered to Panichangkerny camp.

### **January 23, 2005 – January 25, 2005- Vakarai Hospital**

We initiated a clinic for Uriyankuttu and Kandalady camps in one of the intact buildings of Vakarai Hospital. The team from the UK continued to run mobile clinics in the Kathiraveli and Palchennai camps.

On January 24th, word arrives from the Italian Red Cross that they have been authorized by the Ministry of Health to set up a fully functioning field hospital on the grounds of Vakarai Hospital. New Zealand agrees to work in collaboration with the Italians in order to eventually transition Vakarai Hospital into a permanent hospital run by Tamil-speaking staff. DPDHS has yet to authorize the New Zealand team's involvement. On January 24th, *Phee from the Chinmaya Mission arrived with Mr. Thanby Navaratnam from Apollo Health systems to evaluate further needs and deliver more goods to the region.*

### **January 26, 2005**

We attended a 31st day ceremony for the tsunami in the morning. No clinics run today. Lamps were lit by the families who lost loved ones during the tsunami. We left for Batticaloa en route to Colombo. Met with Amit from the Chinmaya Mission who brought supplies for further construction and stabilization of hospital buildings. He is scheduled to be on site for 5 days. We departed Vakarai at 2:00 PM.

### **The Vakarai Medical Rehabilitation Effort**

Currently, the government has authorized the Italian Red Cross to be the exclusive

medical team to cover the Vakarai area. It would be beneficial for the people of Vakarai to have Tamil-speaking doctors as well in order to assist this well-qualified Italian team in their efforts. We feel that the most efficient utilization of resources would be having a Malaysian team, in association with the Chinmaya mission, adopt one camp and tend to all medical needs of this camp. More urgent medical needs could be referred to the Italian Field Hospital. In this way, the Tamil speaking medical teams can also assist where necessary in other situations in which a language barrier exists.

**Suitable camps:**

1. Panichangkerny since it is accessible only by boat from Vakarai and is two hours away from Batticaloa.
2. Interior villages (i.e. Kattamuraivu) due to lack of accessibility and need for medical care. Safety concerns would need to be addressed for doctors living in this region.
3. Kathiraveli camp which is a large camp and also quite a distance from Vakarai Hospital

The need for doctors should be reassessed regularly once the Italian Red Cross has started their efforts. This region is in need of a permanent coordinator who will assess needs regularly and provide communication to and coordination of doctors from the Chinmaya Mission, TRO, the Italian Red Cross and BD Heart.

We feel very strongly that the establishment of Vakarai Hospital should be made a priority in the rehabilitation of this area. A smooth transition from the services provided by the Italian Red Cross to a fully functional regional hospital should be carefully planned and executed.

Special thanks to Mr. Ganesh from the Chinmaya Mission (CHYK) for his multifaceted role as interpreter, local guide and most of all, friend.

International org for migration website

Emergency shelters are built to last between six and 12 months. As the emergency phase of the tsunami is completed, IOM is moving into building transitional accommodation – housing that can last people for up to two years, longer if necessary. Earlier this month, IOM set itself a target of building 1,000 transitional shelters in one month and at the current pace, the goal looks like it will be achieved.

“The move from a crowded camp setting to a private dwelling represents a return to a more normal life,” said Tony Newman, IOM’s Chief of Emergency Operations. “We have designed a shelter that is low-cost yet sturdy and comfortable and which uses re-useable construction materials so that the transitional houses can be dismantled and the materials used again by the house owner.