Part II

Situation in Wanni

Paper 6

Eye Witness Account of the Medical Needs of the Displaced Tamils in Wanni

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Dear Friends, It gives me great pleasure to be here with you at this historic conference under the theme of Search for Peace in Sri Lanka. Let me offer my very special thanks to Professor V. Elagupillai, Programme Coordinator and professor of Physics and Associate director of International Center for Low Dose Radiation Research Center of University of Ottawa, Canada, for inviting me to participate at this conference. We all have gathered here to search for peace in Sri Lanka. The ethnic conflict in Sri Lanka has become a complex problem. It has existed for more than three decades now. The sufferings of innocent people cannot be explained within a couple of hours. Several thousands of people have become refugees in their own country.

I am aware that the Academic Society of Tamil Students (ACTS) of the University of Ottawa and the Carleton University has invited me to present a paper on needs of the people of Wanni giving special emphasis on their medical needs. I should thank them for giving me this opportunity to address you and hosting me at this great event. As a frequent visitor to Wanni, let me try my level best to give you some first hand information about these unfortunate people. I do not intend to highlight my activities in Wanni in length but if you need to know more details of my activities in North-East I request you to read the booklet released by me. No comprehensive reports have been prepared by any of the Government department or agencies with regard to the people of Wanni. Therefore it has been very difficult to assess the real situation of these people. Let me quote from two letters sent by me to: (1) Minister of Health dated February 11, 1997 (2) Secretary to the Minister of Defense dated October 21, 1998 (3) Press release May 31, 1997.

I place this report with great sense of responsibility. I have collected these data with great pain. I hope that these information will help you to assess and understand the real situation in Wanni. Let us get together sincerely and honorably to search for peace to these millions of our brothers and sisters who are suffering silently.

I must also mention here that I visit the vulnerable Sinhalese and Muslim villages in the districts of Anuradhapura, Polonnauwa, Ampara, Trincomalee, Batticaloa and Moneragala and provide humanitarian assistance and try to

protect the lives of innocent defenseless and unarmed people. Sri Lankans living in Canada too have helped me to provide assistance to the border villages in Sri Lanka. Situation in such villages are also not satisfactory. People in these areas also suffer due to lack of facilities. They too have become unfortunate victims of the war. You may agree with me that as a human rights activist I cannot have a bar on ethnicity.

As far as human rights activities are concerned I work irrespective of political, ethnic or religious affiliations. I travel to all parts of the country. When I became a National list Member of Parliament after leaving the Health Department in 1994, I thought I should draw my attention to the most deserving people of the North-East. My medical background has helped me to work for these people. I am a frequent visitor to all refugee camps in the North-East. Up to now I have organized medical camps in districts of Vavuniya, Batticaloa, Mannar etc. covering the uncleared areas. It is my intention to have such medical camps in districts of Mullaitivu and Kilinochchi in Wanni within the next few months.

It is expected that more than one million people have been benefited by these medical camps.

Several doctors from Sri Lanka as well as India have come forward to help me in these camps. So many organizations such as Lions Clubs and philanthropists have helped in Mannar where 104 cataract operations were performed and more than 1,500 spectacles were distributed free of charge. This was the first eye surgical camp held in Mannar after 20 years.

To give you some credibility of my works, let me quote from two letters sent to me by Bishop of Jaffna and Bishop of Mannar.

"I found you always interested in the plights of people in the war torn areas and had been trying in your own to alleviate their suffering. You have also been expressing your desire to work for peace and if possible to meet the warring parties and attempt to bring about some raproachment."
— Bishop of Jaffna dated August 6, 1998

"I am personally aware how unjustly the Tamils in general are treated by many in authority and I was consoled to see you, a Sinhala parliamentarian, fearlessly coming to their help."
— Bishop of Mannar dated August 30, 1997

6.1 Background: North-East Region

It is estimated that over 50,000 people have been killed, and over one million people displaced both internally and externally since 1983. There have been a massive destruction of infrastructure and deterioration of basic services. Children and women – the most vulnerable groups – face a future of deprivation and lack of hope if adequate efforts for a return to normalcy are not forthcoming. Many children have lived all their lives in over-crowed camps of the displaced, thousands have lost their parents and a generation of children have either been out of school or have had their education disrupted. Large numbers of children have been exposed to violence and shock and suffer varying degrees of psycho-social trauma. Women and girls are very vulnerable to sexual abuse and several have been raped and killed. Many families have lost their breadwinners and face severe difficulties with less access to socio-economic opportunities.

Around 800,000 persons depend upon the government assistance for food rations, including over half a million internally displaced persons. 140,000 persons remain in about 350 government-run camps. The humanitarian situation is fragile specially in the areas that are not under government control. The condition of the affected population in terms of health, nutrition and access to basic education continues to be difficult.

> *"We will stay as a family. If a shell comes we will all die together. I don't want my children to be orphans."*
> —Young woman in Kanavil.

6.2 The Wanni

The three districts of Wanni, namely Kilinochchi, Mullaithivu and Mannar and North Vavuniya with a population of about 500,000 were deprived of basic facilities. The conflict has virtually isolated the Wanni from the rest of the country. The battle for control of Jaffna in 1995 saw an exodus of a large part of the population to the Wanni. About 25% of the population displaced from Jaffna still reside in the Wanni, putting considerable pressure on the limited resources and services there. Since the arena of fighting began to focus on the Wanni in the last two years, displacement of communities has become more frequent within this district. Population concentration has increased in Mallavi as people fled from the fighting in and around Kilinochchi, the Wanni district capital. Inadequate accommodation results in the occupation of school buildings and other public places for this purpose. This, in turn, disrupts the delivery of services which were already minimal.

The problems faced by the residents of the Wanni have been compounded by the logistical restrictions by the government on the movement of goods and personnel.

The economic embargo on goods entering into the Wanni impacts on all aspects of the day to day life, and as such impacts on children. **While in theory the embargo is only with regard to items of potential military significance, but in practice most items do not reach the people. The result has been insufficient quantities of pharmaceutical, foodstuffs, drugs, kerosene, agricultural materials, spare parts and fertilizer and even items such as clothes and water jars, pens and pencils, school books and other educational items.**

Restrictions also impact on public health items such as chlorine for wells and Malathion for anti-malarial campaigns. These items are not supplied regularly, and as a result, cases of malaria have increased. It must be stressed that when public health campaigns are suspended, children are most at risk. The nationwide incidences of malaria have increased because of the increasing number of cases in the north and east. Restrictions have a great impact on children with special needs. Children disabled by war are unable to procure prosthetics and other rehabilitative materials as there are no known rehabilitation facilities accessible to them.

Restrictions have also played a role in undermining the local economy. Fishermen are heavily restricted in where and when they can fish and have little or no access to necessary replacement equipments. Restrictions and delays in the provision of agricultural inputs have, in part, been responsible for a substantial reduction in agricultural production with resulting decrease in laboring jobs and income. Limiting means of earning and income results in all members of the family – particularly children – having less to

eat, and thus depend on government rations.

Delays, confusion and denials of requests to obtain essential humanitarian goods undoubtedly cause hardships, and this is most felt by the poor. Likewise, while adults can endure long periods of hardship and privation, young children are less resilient and are less able to cope. The government's decision to reduce food supplies to the Wanni by 57% from 440,000 to 190,000 recipients undoubtedly caused immense hardship among those displaced families who rely on this food for a substantial percentage of their calorific needs. The Commissioner General of Essential Services (CGES) is the body responsible for the supply of food relief to the Wanni and Jaffna. A total supply of 2255 metric tons was made available to the Wanni in the month of June 1998. This is 1000 metric tons below the cumulative monthly average of the past 24 months. Stock sent would be sufficient for 150,000 persons at 15 kg per person per month ration or 200,000 persons at 11 kg per person per month. Assuming a total 320,000 internally displaced persons according to CGES June 1998 report, in the uncleared areas of the Wanni, CGES and the local purchases cover only 61% of the required food.

6.3 Health and Nutrition

According to the MSF report approximately 20% of the patient in Wanni are treated for respiratory problem, while malaria also accounts for large percentage of children being seen. Only 20–25% of the anti-malaria drugs due in the first quarter of the year had been received by mid-may. In June 1998, cholera cases were detected at the Base hospital in Mannar. There is an acute shortage of anti-rabies vaccine, reportedly out of stock at the Medical Supply Division (MSD). In Wanni, there is an increase in the number of malaria and septicaemie patient. There is a lack of laboratory facilities in Wanni.

There is a continued undermining of the existing health structures. Preventing health staff such as public health inspectors (PHIs) and public health midwife (PHMs) no longer function in the uncleared areas of Mannar and are severely under-staffed in other districts. A number of NGOs have responded to this virtual collapse of preventive health services by training and paying paramedics staff within the three districts of Mannar, Kilinochchi and Mullaitivu. However, the lack of staff continues to be extremely serious.

Table 6.1 highlights the poor staffing situation. The issue of staffing is crucial in order for the health systems to continue functioning.

District hospital officials knew of only 8 MBBS doctors in the whole of the Wanni, with 4 of them in private practice and none specialized in pediatrics. The uncleared areas of Mannar and Vavuniya were reported to be even worse off than other districts. Doctors of the displaced Kilinochchi hospital in Akkarayan reported 150–175 patients in the 120 bed hospital with this number rising to 250 in the rainy season.

Mobile clinics in Kilinochchi had to be reduced due to lack of drugs, while in the east, the Ministry of Defense has denied mobile clinic accesses to Puthukudiyiruppu for operational reasons, meaning medical facilities are denied to children and families in this area.

Kilinochchi base hospital medical staff have relocated to the Mallavi hospital following the offensive on the town of Kilinochchi in mid 1996. Since then despite repeated requests, there is yet to be an official recognition of this situation without which drugs will not be supplied in sufficient quantities. Only emergency surgery is being carried out as a result.

Drug quotas continue to be cut and delayed

Table 6.1: Health Staffing Requirements within Uncleared Areas

Position	Mannar		Kilinochchi		Mullaitthivu	
	Cadre	Vacancy	Cadre	Vacancy	Cadre	Vacancy
Medical Officer	6	6 (100%)	6	4(67%)	7	4(57%)
Para Medical Staff	19	11(58%)	29	17(59%)	37	11(30%)
Nursing Officers	68	58(85%)	39	27(69%)	50	30(60%)
Minor Grades	165	129(78%)	91	65(71%)	118	87(73%)

with increasing frustration evident among those working in the health sector, for example, only 30% of the last quarter of 1997 drugs supply for government hospitals was received in March 1998. Although approval has been given by the Ministry of Defense, for the drugs, there have been delays in transport.

There are no mother and child health care nor any preventive health care centres in the Wanni. Mothers also expressed concern that children were behind on there immunization and vaccinations.

Displacement of many Vavuniya residents fleeing the fighting of Jaya Sikuru led to high levels of malnutrition with camps in eastern and northern Mannar.

It is not considered to be primarily an issue of lack of food in this case but one of access to food by the poor or marginalized sections of the community, exacerbated by the (then) persistent drought and poor sanitation which lead to an increase in diarrohoeal cases. Concern over the nutritional situation lead to SCF and OXFAM undertaking a nutritional survey in December 1997. This survey revealed the prevalence of global acute malnutrition to be 21.6%.[1] The WHF-score distribution of the sample population is shifted to the left indicating that many of the children sampled are at risk of becoming malnourished. The survey results also indicated that the morbidity levels are currently high with respiratory tract infections and fever the most prominent. This is likely to result in increased prevalence of malnutrition. Poor health and sanitation environment and unhygienic practices are evident in the Wanni with majority of households using an open field for defecation. This is especially a problem in some of the overcrowded areas.

The capacity of the health system to deliver basic services to children, women and there families has generally weakened and in some areas even collapsed. Displacement of population has stretched this diminished capacity and resources to breaking point in some areas. Many qualified and trained health staff have been displaced or have left their posts without replacement. Untrained volunteers have had to be co-opted to address the inadequacy of staffing. Inadequate and irregular flow of health and medical supplied and equipment including essential drugs also aggravate the difficulties. These problems have a negative effects on the delivery, coverage, scope and quality of primary health care services. With preventive services weakened serious public health care problems are returning.

Nutritional levels and health standards, which in the north once exceeded the national average, have now flattered drasti-

[1] WHF-score < -2 and/or oedema.

Table 6.2: Health Indicators in Wanni

Infant Mortality Rate	18.5 per 100 live birth
Neo-natal Mortality Rate	17.2 per 100 live birth
Percentage of newborn with birth weight less than 2.5 Kg	29.0%
Percentage of Malnutrition among Children under 5	45%
Percentage of Iron Deficiency Anemia among Pregnant and Lactating mothers	70%

cally. In some areas 7% severe malnutrition has been recorded compared to the national average of 5.7%. Under-nutrition over the period of the conflict has left signs of stunting and chronic malnutrition among children. The collapse of local economies and severe lack of income opportunities have affected household food security. Logistical difficulties in the movement of food items especially to isolated areas also contribute to the increase in level of malnutrition.

Malaria is prevalent in the north at high endemicity levels because control systems have broken down. The north, the east and border provinces have the highest malaria endemicity in the country, some 56.7%. Active detection and treatment of cases cannot be carried out effectively due to the inadequacy of trained microspist and shortage of public health staff, equipment and supplies.

Many peripheral health institutions have been badly damaged in the fighting and are in need of urgent repair and re-equipping to re-establish services. Maternal and child health (MCH) services are also affected by the shortage of qualified technical and medical officers at the fixed centres, lack of filed staff, transport problems, damage and lost equipment, breakdown of water and sanitation facilities and lack of electricity. In addition, the decline in health outreached to households as well as reduced access to MCH facilities due transport, security and other logistical hurdles have contributed to an increase in child and maternal mortalities and morbidity.

To get permission to send essential drugs and medical supplies to uncleared areas of Wanni from Ministry of Defense has become the most difficult task. In some instances, by the time Ministry of Defense's permission is granted, the expiry dates of the drugs had passed. The NGOs working in uncleared areas of Wanni face so much of difficulties to transport drugs and other essential items. The transport facilities for the patients in Wanni are highly unsatisfactory. An ambulance donated by UNICEF to the Wanni has not been sent to health authorities in Vavuniya as Ministry of Defense did not grant its approval to the health authorities. The Sri Lanka Red Cross maintains an ambulance service to Wanni using their limited resources. Mail transport is also carried out by Sri Lanka Red Cross to Wanni. These essential services have been curtailed as North-East Co-ordinator of Sri Lankan Red Cross, Mr. S. Kishore, has been taken into custody by the Sri Lankan security forces recently. I visited him in Vavuniya and in

Colombo. I have made a request to release him as early as possible. According to the Government authorities his investigations are still pending. He is being accused of having links with the LTTE. Mr. Kishore accompanied me when I visited Wanni in 1998.

6.4 Preventable Diseases in Wanni

1. Respiratory infections.
2. Tuberculosis
3. Typhoid
4. Malaria
5. Cholera
6. Eye Infection
7. Skin Infection

6.5 Water and Sanitation

Water-borne diseases and diarrhoea have increased in general due mainly to the decline in access to safe drinking water and sanitation. A large number of water and sanitation facilities that were in existence have been damaged, some beyond use, or gone into disrepair because of neglected maintenance. Building new facilities and repairing damaged ones are expensive on account of the high price of cement and other construction materials. Over use of the new functional facilities remaining quickly bring on problems of pollution and premature deterioration. For resettling families, most the returners do not have the resources to undertake these activities without outside assistance. Women have the additional burdens to walk long distances to fetch water.

Water and sanitation problems are often severe in some camps, which have been run throughout the period of the conflict. The use of facilities build for temporary use have had to be prolonged beyond their lifespan and are now in need of renewal. The overcrowding in some camps also pose a problem of disequilibrium between supply and demand of facilities.

6.6 Education

Literacy levels, once in excess of 80% have reduced drastically in the north and east because enrollment has fallen rapidly. In the Jaffna peninsula, the Wanni and the East, there are children who have missed years of schooling due to displacement. It is difficult for old children who have missed years of schooling to join a class of younger children. The current shortage of teachers and the breakdown of transportation systems contribute significantly to the problem.

6.7 Child Trauma

As a consequence of the prolonged conflict, large numbers of children are traumatised in the varying degrees. Early diagnosis, care and treatment can prevent later personality and psychosomatic disorders which inhibit the development and productivity of children and their families. There is a need for a broad-based programme to enable families and communities to adopt remedial and therapeutic steps. Community awareness and support systems to address both covert and overt indications of trauma need to be strengthened, particularly to help bereaved children, those exposed visually to violence.

The national standard for teacher to student ratio is 1:25. It should be noted that the indicated staffing requirements reflect the needs of children normally resident in these districts. Almost daily there is displacement of people and pupils from one place to another and the entire process of schooling is an ever changing and

Table 6.3: Staffing Needs in the Uncleared Areas

1997	Mannar	Kilinochchi	Mullaithivu	Total
Requirements	388	1622	1834	3844
In Post	207	816	930	1953
Shortfall	181	806	904	1891
Student per Teacher	47	50	49	

fluid situation. Despite the large numbers of displaced children, there has been no increase in school resources resulting in fewer teachers teaching more and more children. **For example in Kilinochchi there are 92 schools of which 35 are displaced sharing these facilities, while in Mannar the resident student population of 5,922 has received an additional 4,692 displaced students, but no extra resources.**

Many schools, particularly primary schools, have non-graded acting principals who are not capable of supervising teaching staff. In most schools there is a serious lack of permanent teaching staff. Teachers often have to travel long distances on foot or bicycle. Due to the lack of qualified staff all schools have volunteer teachers, sometimes making up over 60% of the staff. These volunteers are recruited locally and usually have A-Levels. They have no training and are usually paid a nominal amount of Rs. 200–500 per month. The contributions usually come from parents and teachers and local community organizations.

Forty-one schools in Wanni remain closed and quite a number of schools are displaced as the school locality had been under military operation and the people had moved out. A large number of *cadjan*[2] sheds have been created and some classes are conducted under trees to maintain skeletal school service.

While arrangements have been made for students to sit for island-wide exams, the question must be asked whether children, displaced many times, short of often the most basic school materials, and living in fear of further insecurity, have the same access to quality education as children elsewhere in the island. A linked issue is the recent change in the curriculum which has not been implemented with a corresponding change in researching, and so denying children of the north and east equal access to education. For example the new Home Science at O-level requires a practical examination, but no new equipment has been budgeted or allocated (and had it been so it is unlikely these items would have been allowed in due to the economic embargo,) the result being that children are denied the possibility of sitting for this exam.

The drop out rate from school has increased recently. Poverty was reported by teachers, parents and children across the Wanni to be the most frequent reason children drop out of school. Compromised nutritional status due to lack of regular meals, and recurrent illness, unavailability of transport, no school supplies, overcrowding in schools, were reported to be important factors

[2]Coconut palm leaf frond.

limiting school attendance.

6.8 Special Needs Children

6% of the school going population, need special attention to give them equal opportunities to pursue an education. Half of them have either lost one or both parents. There are insufficient facilities to cater to these special needs children and those that do exist have been stretched far beyond their resource limits. Neither schools nor hospitals are adequately staffed or equipped to offer even minimal services to the sight impaired, hearing impaired or physically disabled. As mentioned before facilities for rehabilitation are poor and most often not accessible. Children in this situation are doubly disadvantaged.

During my recent visit to Wanni, I was able to screen more than 200 school children who needed spectacles.

In should also be noted that government departments tasked with child protection, such as the Department of Probation and Child Care, do not function in the uncleared areas, leaving children further exposed.

> *"We are unable to decide anything, as we don't know what tomorrow will be."*
> — A man in Kanakarayankulam.

6.9 Political Prisoners from Wanni

Most of the political prisoners are being detained at Kalutara prison under the Emergency and Prevention of Terrorism Act. They are not being prosecuted for years. I am visiting this prison regularly. Even I have invited the President of International Bar Association to Kalutara prison. He agreed to take up this undue delays with Attorney General. The kith and kin of these prisoners from Wanni have been undergoing so much of difficulties. They are not allowed to see their family members regularly. I have brought these facts to the notice of the Amnesty International.

6.10 Current Food Situation Report Prepared by the Commissioner General of Essential Services.

6.10.1 Availability of Food Stuff

Due to the "Jaya Sikuru" operation, the food convey to uncleared ares was suspended from May 13, 1997. It was recommenced with ICRC escort, from August(?) 31, 1997, through the Madhu Road junction on Vavuniya-Mannar Road. The cross loading is done at Parayanalankulam. The food item sent to the uncleared areas for the month of March 1999 is given in Table 6.7.

The permanent residents and the displaced persons are not in a position either to buy or obtain food due to the following reasons:

1. Absence of adequate economic activities due to reasons such as the non availability sufficient kerosene oil and other inputs.

2. Suspension of poor relief scheme since February 1997 and non operation of Welfare programmes

3. Frequent displacement and non provision of dry ration to persons displaced after April 1996, *approximately 65,000 persons.*

6.11 Dry Rations

As per the figures furnished by the Government. Agents approximately 400,000 people are eligible for Dry Ration. However, in view of the dispute between the figures, the CGES approved dry ration for 295,000 persons up to June 30, 1998. *This number had been further reduced to*

Table 6.4: Incidences of Night Blindness are high due to Vitamin A & D Deficiency (From a study by the Ministry of Education, North and East Province and SCF on the Education Systems in the Wanni in May 1998.)

Type of Special Need	Mullaithivi	Kilinochchi	Mannar
Physical Disability	96	60	29
Blind	337	290	68
Deaf	138	76	30
Speech Disorder	56	36	10
Mentally Disadvantaged	1,916	696	73
Orphans	566	527	200
Total	3,109	1685	410
Total Students	43,347	40,550	9,695
% with Special Needs	7.36%	4.2%	4.2%

Table 6.5: Displaced population figures for uncleared areas of the Wanni (Figures based on those provided by the Government Agent's *Situation Report Mannar, Kilinochchi and Mullaithivu* of May 30, 1998 and *of Vavuniya* of June 31, 1998.)

District (Uncleared Areas Only)	Adult	Children Over 5 and Under 18	Children Under 5	Total Number under 18	Total Adult and Child Population
Kilinochchi	132,293	48,314	14,994	63,308	166,601
Mullaithivu	39,492	61,957	19,228	81,185	213,645
Mannar	39,492	18,472	5,733	24,205	63,697
Vavuniya	8,342	3,902	1,210	5,112	14,454
Total	283,587	132,645	41,165	173,810	457,397

Table 6.6: Supply (in Metric Tons) of food items to Wanni From January to March 1999. (Situation report as at March 31, 1999 prepared by the Government Agent of Vavuniya.)

District	Rice	Black Gram	Wheat Flour	Sugar	Lentils	Total
Kilinochchi	750		637	570	23	1980
Mullaithivu	1,599	4	1,120	340	100	3,163
Mannar	447		370	165	35	1,107
Vavuniya	60		80	20		160
Total	2,856	4	2,207	1,095	158	6,320

Table 6.7: Food Items sent to Uncleared Areas for the month of March 1999

District	Population		Requirements (mt)		Quantity Sent (mt)		Local Purchases (mt)
			CGES	MPCS	CGES	MPCS	*Rice Only*
Kilinochchi	150018	Flour	460	200	17		
		Rice					250
		Lentils	40	40			
		Sugar	180	200	23	90	
		Others	0	100		15	
			680	640	40	138	
Mullaithivu	193879	Flour	500	300	300	200	
		Rice					not received
		Lentils	50	150			
		Sugar	200	150	130	35	
		Others	0	100		15	
			750	700	430	250	
Mannar	32468	Flour	151	176	110		
		Rice					not received
		Lentils	8	35			
		Sugar	53	53	40		
		Others	53	53			
			265	317	150		
Vavuniya	13355	Flour	30				
(now cleared)		Rice					not received
		Lentils	3				
		Sugar	7	10			
		Others	0	10			
			40	20			
Total	389720						
Total for Wanni			1735	1677	620	388	

Table 6.8: Number of Recipients of Dry Ration Approved by CGES

District	Family	Person
Kilinochchi	14,678	60,000
Mullaitivu	23,234	90,000
Mannar	11,101	45,623
Vavuniya	9,046	36,997
Total	58,059	232,620

232,620 from July 1, 1998 by the CGES. The make up is shown in Table 6.8.

6.12 Relief Supplies

The quantum of relief supplies to the district are on the decline and no supplies were made during the month of March 1999.

6.13 Health

6.13.1 Cleared Area

The Base Hospital Vavuniya presently serves the four districts of Wanni referred to in this report. This has to look after the need of a population of 600,000 persons. The posts of General Surgeon, Psychiatrist, Pediatrician, Eye surgeon are still vacant. With regard to preventive service there is shortage of 15 PHIs and 19 PHMs. MSF continues their good work at this Base Hospital. There is an urgent need to upgrade this Base Hospital and their vacancies filled immediately as the total population in all 4 districts and the northern part of Anuradhapura depends on services provided by this Hospital.

6.13.2 Uncleared Area

Most of the Health Institutions are not functioning. These is severe shortage of medical and para-medical staff. There are no regular ambulance service. What is required could not be supplied for the following reasons:

1. Lack of Ministry of Defense approval for drugs
2. Delays in obtaining approval from the Ministry of Defense
3. Drastic reduction of quantities of drugs by the Ministry of Defense.

6.14 Transport of Kerosene Oil

The approval quota of the Kerosene oil to the uncleared areas had been drastically reduced by the Ministry of Defense. The requirement and the quantity approved is shown in Table 6.9.

The quantity of kerosene oil transported for January, February and March 1999 are given above which is far below the requirements.

6.15 Role of UN Agencies and NGOs

The International NGOs working in these areas have been providing relief such as Health requirements, Emergency supplies, transport, rehabilitation and maintenance of basic facilities in the uncleared areas of Wanni.

If not for those NGOs even the very little basic facilities enjoyed by the people of Wanni will not be there. Therefore it is my duty to recognize and salute those Voluntary Organizations for their brave and courageous efforts.

6.16 NGOs Working in Wanni

CARE International, FORUT, ICRC, MSF, OXFAM, REDD BARNA, SCF-UK, SEDEC, UNHCR, UNICEF, and SLRC.

My repeated requests to send vital drugs and ambulances to Wanni to the Ministry of Defense and to the Ministry of Health have failed. I convened a meeting of the NGOs of Northern Task

Table 6.9: Kerosene Requirement and Quantity Approved in Barrels

District	Number of Families	Actual Requirements	Quantity Approved Prior to June 1997	Reduced Quantity from June 1997	Present Quota Since August 1998
Kilinochchi	25,038	3,215	2,550	1,000	525
Mullaitivu	56,839	3,060	2,600	1,000	700
Mannar	17,175	878	1,250	300	200
Vavuniya	3,736	770	2,100	350	50
Total	102,788	7,723	8,500	2,650	1475

Group (CARE International, ICRC, MSF, OXFAM, FORUT, REDD BARNA, SCF, CIDA, GTZ, UNHCR, UNDP, UNICEF and Consortium of Humanitarian Agencies) to discuss problems faced by the displaced persons in Wanni with a view to find speedy solutions to provide basic facilities such as food, medicine, shelter etc. on December 12, 1997 at SLRC Quarters, Colombo. My representations to the Government has always been based on humanitarian grounds.

I received no help or assistance from the government to carry out my humanitarian work in Sri Lanka. My visit to Wanni in 1998 became a very controversial issue as President Chandrika Banadaranayake Kumaratunga, President of Sri Lanka blamed me for visiting Wanni. She made a false allegation against me that I had negotiations with the LTTE during my visit to Wanni. So much of publicity was given to these false allegations of the President by the Government owned print and electronic media agencies. The SRLC driver Mr. D. Pathmanathan who took me to Wanni was taken into custody by CID and kept in prison for 7 months without any charge. Last march he was released by the Supreme Court of Sri Lanka and ordered the Government to pay Rs. 200,000 as compensation for the illegal detention. I too was questioned by the CID for more than $4\frac{1}{2}$ hours. I do not want to go into the details of harassments to me by the government for visiting and offering my services to the people of Wanni. Anyway I can assure you that I will continue to serve these defenseless and helpless people of Wanni even at the risk of my life.

Thank You.

About the Author: Dr. Jayalath Jayawardene was born in 1953 in Sri Lanka. He obtained his MBBS from the University of Colombo, Sri Lanka and MD from the Russian State Medical University in Moscow. He has been a member of parliament in Sri Lanka since 1994. He is the secretary of National Integration and Human Rights of the United National Party and the founder chairperson of the Parliamentary Lobby for Child Right. He received numerous awards for his humanitarian work, including the Green Award for his commitment to Child Right in 1998 and the Most Outstanding Citizen Award for social services by the International Association of Lions Club in 1999.