



In the aftermath of the tsunami

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The devastation wrought in Asia by the tsunami of December 26, 2004, has become irreversibly imprinted on our collective consciousness. There was a massive outpouring of global aid in the wake of the disaster. The international media have moved on, however, to the more immediate and newsworthy items of the day, and the fall-out from that disaster seems a distant memory.

In London, Ont, a community-based project was initiated to facilitate longer-term reconstruction and rehabilitation in a community in Sri Lanka. With partners in the Social Justice Fund of the Canadian Auto Workers, in the University of Western Ontario, and in the city of London, this project was the brainchild of Sri Lankan expatriate and mover and shaker in the London community Shanthi Radcliffe.

In April 2005, I had the opportunity to visit Sri Lanka as a delegate of the University of Western Ontario. My job was to conduct a needs assessment and come up with a menu of collaborative projects that we could embark upon in partnership with the Faculty of Medicine at the University of Colombo and the Faculty of Engineering at the University of Moratuwa in the wake of the destruction by the tsunami. During this visit I had the opportunity to spend time with physicians and medical students and to visit coastal areas affected by the tsunami. Many stories evolved from this whirlwind tour, but those that have given me most pause for reflection are those of the heroism of the survivors of the tragedy and those of the tenacity of faculty and students at the Colombo Medical School in meeting the challenge of providing care for fellow human beings.

My hosts were the professors and students of the Faculty of Medicine at the University of Colombo. Within hours of the disaster, medical students and faculty gathered at the University of Colombo and prepared to provide whatever help was necessary.

In a country with no disaster management or organized rapid deployment teams for emergencies, these students and faculty quickly prepared to negotiate the destruction as they journeyed along the coast and over back roads. Over the following weeks, they set up various camps to address immediate health care needs. They served Sinhalese and Tamils, Buddhists and Hindus, Muslims and Christians. To reach areas held by the Liberation Tigers of Tamil Eelam, they enlisted the help of army personnel and helicopters. They accompanied the International Islamic Relief

Organization into the largely Muslim region of Ampara. Tamil-speaking students traveled with international aid agencies to Tamil-speaking areas along the northern and eastern coasts. Indeed, the faculty have embodied remarkably Gandhian principles in their approach to delivery of care.

Faculty have also been actively involved in rehabilitation and reconstruction of affected areas. In one region we visited, Dr Indika Karunathilake, a faculty member with MEDARC, the medical education arm of the Faculty



▲ Camps for internally displaced people along the southwest shore of Sri Lanka

▶ Setting up an ad hoc pharmacy at Camp Dadelle

▼ Camp resident gathering water at the Red Cross depot





◀ Temporary housing and tents at Ambalangoda

▼ Pediatric screening clinic at Camp Dadelles



of Medicine, had ensured that sanitation services could be secured in a camp facility. Indeed, Dr Karunathilake and his students continued to visit the camps for internally displaced people for months after the disaster to provide interim medical care.

The city of Ambalangoda had had close links to the Faculty of Medicine. Medical students and faculty had initiated public health outreach ventures in the area after the tsunami. We were able to visit the Medical Officer of Health and the Public Health Inspectors in this region. Sri Lanka has a very strong public health infrastructure. Mass vaccination campaigns immediately following the tsunami disaster averted outbreaks of typhoid and cholera. The struggle now is to re-establish infrastructure and to ensure that people have housing, sanitation, and safe drinking water.

In Ambalangoda, the villagers opened their temporary homes to us. They showed us the conditions in which they had lived for the previous 4 months. At times, families of 5 or 6 people were living in tents that were 3 m by 3 m. The tents and temporary homes had been erected by donor governments and non-governmental organizations on land owned by the fishermen and others dwelling along the coast. A ruling by the Sri Lankan government dictates that people must live more than 100 m from the coastline. Owing to the difficulty acquiring new land, most of the tents and temporary structures were erected within 50 to 100 m of the shoreline. In such close proximity, the otherwise soft and soothing sound of the waves became a constant reminder of the potential violence of the ocean.

Despite the adversity faced by the villagers in this region, and despite the generally slow and sometimes suboptimal response by the government and international organizations, they seemed to bear no bitterness or malice. Indeed, they welcomed our visit warmly and were eager to tell me their stories of loss and hardship. Inside one tent, a grandmother offered me refreshment, although it was clear that her family had very little left after the disaster. My memories of the resilience of the people and their warmth following such a calamity are testaments to the human spirit that I will always cherish.

I visited one of the camps at Dadelles where there were 250 residents. The tents within this camp were intended for cold-combat conditions and were insulated. In the sweltering 35°C weather, they were almost uninhabitable. Most of the women and children in the camp were clinically anemic. The dry rations provided by aid programs lacked micronutrients. Conditions, such as scabies, had proliferated as a result of overcrowding. Many of the residents spoke of the unfathomable loss they had suffered. Parents, siblings, children, and friends had been washed away before their eyes. The students provided treatment, but mostly they listened.

Some of the students had also come from affected regions and had friends and family affected by the tsunami. Indeed, 21 students had lost close family members and property as a result of the tsunami. These students' abilities to continue their medical educations had been affected as a result of the disaster. I found their ability to be supportive counselors in the camps despite their own losses profoundly moving.

After our visit to the health camp at Dadelles, we drove back—at first—in silence on the bus. The students had brought along a bongo drum and began to sing traditional Sinhalese songs. Dr Karunathilake translated the lyrics of one song for me. The song aptly noted, "The journey over the river of life holds both joys and sorrows. We must accept both and do our duty in the face of both joy and sorrow." The lyrics epitomized the simplicity and nobility of Buddhist philosophy. The villagers and the students and faculty of Colombo Medical School embodied this philosophy in every aspect. ❁

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