

FEATURE

between March 2009 and July 2009'



The sand gets everywhere, resulting in very unsanitary conditions in the camps, even before the rains

Everyone was covered with sand that will come raining down every few minutes. There were a couple of heavy downpours soon after we arrived in the camp. Some of the camps in the lower lying areas were flooded. The wind that came with the downpours lifted the roofs of some of the tents. Fear of the monsoon rains was often expressed by the inmates during conversation. I had left the camp before the August heavy rains.

The toilets are only less than five meters from my tent and the smell was strong when the emptying of the toilet pits is not carried out in time which is always the case. When there is water shortage, which is frequent, concern about how one is going to use the toilet becomes the most serious problem of the day, surpassing the problems of food, health and other major issues. Queues for toilets are common in the morning but is usually not so during the day.

Each camp is divided in units of around 300 tents, averaging 2000 inmates, with most units having an enclosed bathing space for 20 people, one for males and one for females. The spacing of this bathing area is such that the water running off the bathing of one person runs into the basin containing the bathing water of the person next to them. Majority of the inmates therefore prefer to bath in the open though lacking in privacy.

I have never seen flies and mosquitoes in such numbers in my life. While eating, one hand is fully occupied with chasing the flies; a practice that children will not adopt thus consuming food contaminated by flies that come straight from the toilets very nearby. Inmates attempted with no success to keep the flies out of

their tent by cutting the mosquito nets given to them and draping it around the tent. A few weeks later when mosquitoes were on the rise inmates did not have enough nets to sleep at night. Once the sun sets, one can literally sense dust falling on the face while sitting inside the tent which is in fact the swarms of mosquitoes flying around.

The camp sites are zigzagged with open canals that take away the dirty water. This is the best breeding area for the mosquitoes and the water in the canal is always covered with a thick layer of mosquitoes lying low during the daytime ready for swamping once the sun sets. These canals are always more than a meter wide and there are never adequate cross over points to walk over. Older people and young children frequently fall into these dirty canal water while jumping across it.

Retailers

The very first commercial event in the camp after our arrival was the bank. First came the state run banks, with loud announcements of caring for the people. This was quickly followed by other private banks. Banking advertisements were the most prolific in the camp and everyone knew that they were all competing for the savings of the war refugees now interned in terrible conditions.

The trucks of items for sale were first brought in by the Multi-Purpose-Cooperative Societies (MPCS). The struggle people went through to buy small quantities of sugar and tea were stories in their own right. The reason is the huge number of people dying to have a hot cup of tea and the tiny amounts that were brought in

for sale. This situation lasted for a few months before more trucks of items for sale and more retail outlets were installed.

Other sellers came along and curiously all of these sellers were Sinhalese except for an odd Muslim seller. A large supermarket style building was erected by "Sathosa" chain to sell mostly expensive items. Ice-cream and Soda outlets were erected. Vegetable and fruit sellers came in substantive numbers. The camp inmates attempted to buy some of these items and resell it with a small profit in order to generate some income for themselves.

This was banned by the military and thus was the basis for the frequent cruelty of the military against inmates. There were regular incidents where the military will scatter the wares of these inmate sellers and beat them severely.

The inmates came to understand this as a deliberate effort to stop inmates making money whereas selected Sinhalese sellers were given all rights to sell what they like at the price they chose. There was always a market for these wares because the camp inmates included regular salaried people like teachers, health workers, administrative staff etc.

Most of the items brought in for sale were those that could be sold with big profit like ice-cream, soda, and biscuits.

Basic needs, such as sun hats for children were not sold. Anyone who visited the camp could see very young children roaming around without a hat, one cause for the frequent illness suffered by the children. It was a profit driven retailing with no concern for the people and the inmates understood this clearly.

I was once in the zone-3 camp office when some UNHCR staff

were talking to the senior Tamil staff in the office. This was at the time when zone-3 camp was moving from large scale cooking to family level cooking. WFP had started providing the basic dry items (rice, white flour, lentils, sugar and vegetable oil). The UNHCR staff inquired the Tamil officers about vegetables and they were told that Tamil officers have been instructed by the Vavuniya District Secretariat that no vegetables are to be given to inmates. This remained the case until I left the camp. The people with regular salaries could afford to buy the vegetables which were very expensive and the others, the majority just survived with the dry rations.

Majority of the children including infants did not have milk (powder) except an occasional packet handed out by some charity. Once a father of a seven month old baby came begging for some sugar to put in the plain tea (black tea) to be given to his seven month old baby because the mother did not have enough breast milk and the baby was hungry. Plain tea had become the regular diet for this baby.

The remnants of trees that were chopped to clear the forest to set up the camp were initially used by the inmates for firewood. This quickly ran out once self cooking was begun with WFP dry rations. No axes were given to the inmates to chop the wood and people could be seen going around pleading a few who had bought an axe for loan of the axe. People were forced to go to edge of camp to collect firewood and were often beaten up by mindless military personnel. Collecting firewood also thus became synonym with military brutality.

Health service

Each zone has two or three OPD clinics of varying sizes. Most of the doctors attending the clinics are non-Tamil speakers. Most of them are Sinhalese and sometimes Indian doctors are in attendance too; necessitating an interpreter. Skilled interpreters are rare and anyone with a minimum knowledge of Sinhala is recruited from the inmates. Older women not wishing to use the young male unskilled interpreter have approached me to explain their reproductive system related illness to the doctor in English.

The queues are very long and the doctors work at break neck speed. I have seen a doctor writing a prescription to a 12 year old boy without finding out what is wrong with the boy.

The medicines that are dispensed are arranged in a table and the total list of medicines consists of around 30 different medicines. The medicine dispensers too work with breakneck speed in dispensing them.

Once an educated mother told me that she visited the doctor for

treatment for her baby as well as for herself. The medicine dispensers mixed up the medicines and gave the baby what should have been given to the mother. Since the mother had some awareness of the medications she spotted it. Most mothers in the camp who do not have such awareness would have given the adult medicine to the baby. God only knows how many babies, children and even adults died due such medical negligence. Who is there in the camp to watch, monitor and investigate? Deaths are just that, deaths and no investigations are done as to the cause of it.

Patients often queue up for doctors for hours even before the doctors arrive from outside. No one in the OPD clinic will know when the doctors are likely to arrive. One just waits around taking one's chances. For all this the level of sickness among inmates is far higher than among the population at large and it is obvious.

Take the eight tent group where I was staying. Five of the tents out of the eight had children under 10. One child died; one became seriously ill and taken away to Vavuniya hospital and all the other children had frequent fever, vomiting and diarrhoea. The children were wasting away and it was visibly obvious. Some of the children had persistent skin disease despite several visits to the doctors and treatment.

Four of the children contracted Hepatitis A and the parents were told by the doctors to just take good care of them and give lots of fruits because the hospitals had no medicine.

Fruits were very expensive in the camp. There is a native treatment for Hepatitis A involving a plant named "Keelkainelli" in Tamil. Even to get this plant was a struggle because it meant someone has to bring it from outside and handover to the inmates at the meeting spot as described later.

People young and old suddenly dying after a few days of fever is a common occurrence. All of us were left puzzled as to the cause and no one gave any explanation. All of us without exception have suffered diarrhoea at least once and most of us many times.

I used to keep telling myself during the stay in the camp how lucky I was that I do not have any young children under my care. The unhygienic living, especially the play area and the continuous illness is an ordeal for the young mothers. Even thinking about the condition of newborns and their mothers who are sent back to the camp conditions soon after birth is an ordeal. Perhaps the most telling scenes of the camp conditions and the health service can be found by visiting the OPD clinics and observing young mothers with very sick babies waiting for long time in queues with tears trickling down their face.

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