

**High Commission for the Democratic
Socialist Republic of Sri Lanka**



**13 Hyde Park Gardens
London W2 2LU**

Phone : 020 7262 1841 - 6
Fascimile : 020 7262 7970

My Ref.

HCL/Media/16

17 June 2009

Fiona Godlee
Editor in chief
British Medical Journal,
BMA House,
Tavistock Square,
London WC1H 9JP,

Dear Ms. Godlee,

Sri Lanka: health as a weapon of war

I wish to draw your attention to the British Medical Journal (BMJ) article "Sri Lanka: health as a weapon of war" by Shiamala Suntharalingam on 13 June 2009.

The completely misrepresented article, written by a Tamil national with a highly biased point of view that favours the LTTE propaganda appears to have a clear objective of tarnishing the image of Sri Lanka among the BMJ readers worldwide. I believe that at least some of the main points in a completely lop sided article warrant clarification.

The article states that *'successive governments have used access to medicines as a weapon of war against the Tamils'*. This is false and factually wrong. This was never been the case in Sri Lanka. As you may be aware Sri Lanka has a free government sponsored healthcare system. The Government Hospitals system operated unabated in every part of Sri Lanka throughout including the areas controlled by the LTTE. The Regional Directors of Health Services in the North and East of Sri Lanka ensured that each hospital and government dispensary functions properly. The government provided medicine, staff and the funding for the continuation of the system. In fact, the LTTE also benefited from this system so that they allowed the system to operate as usual. Even on one occasion when a prominent LTTE member known as Daya Master suffered a heart attack, he was air lifted by the government helicopters from the LTTE controlled areas and taken for treatment in Colombo. Therefore, the allegation that the government used medicine as a weapon of war does not arise and is cynical misinformation of the reality.

The article adds that *"Since 2006 the Sri Lankan government and its armed forces have systematically blocked the provision of water, shelter, food and medicine by civil organizations as well as local and international non-governmental organizations."* This is cynical accusation. All the above criminal acts were actually committed by the LTTE against the innocent civilians. It was in 2006 that the LTTE deprived

irrigation **water** to thousands of acres of paddy fields by blocking the sluice gates of 'Mavil Aru' in Eastern province. Then they chased the Tamil civilians away from their homes depriving them **shelter. Food and medicine** sent to these areas by the government and the UN World Food Programme were taken by the LTTE for their consumption. The security forces found incontrovertible evidence of rice sacks being used for building bunkers by the LTTE and high-nutrition biscuits meant for under-nourished children by the UN were found in the sacks of dead LTTE cadres. It was the government of Sri Lanka that always sent food and medicine to the areas controlled by the LTTE knowing well that a sizeable part of it will be appropriated by the LTTE.

It is interesting to see the way Ms. Suntharalingam builds her argument in the article. She never sees the situation as one created by the LTTE. She deliberately misinterprets the facts. At one point she says that "*... men women and children surrendered to the Sri Lankan military ..*". The civilian population was not fighting against the government so that they did not have to surrender. They were forced away from their original places of residence, taken hostage and used as a human shield by the LTTE to shamelessly cover themselves up from the military assault. After a long operation, the Sri Lankan military forces defeated the LTTE and liberated all the civilians. They were more than happy to escape from the LTTE and reach government controlled areas. They are not "*forcefully kept*" as the article states but provided with basic needs until they are returned and re-settled in their original villages. They will also not be in the welfare villages "*for the next three years or so*" as article says. The re-settlement process has already started and more than 600 families resettled in Mannar district. The government has drawn plans to complete the re-settlement within a period of six months. However, the main constraint to the re-settlement is land mines laid by the LTTE without keeping any record in the areas of Wannu. It is estimated that there are more than one million land mines laid by the LTTE without proper records and the security forces have already found nearly hundred thousand mines.

The article further states that the "*children in the camps are not allowed to go to school*". This is also not true. They are allowed to go to schools and schools are set up inside the welfare centres. Ironically, though, it was the LTTE that denied children their education when they controlled these areas. Ms. Suntharalingam seems to be unaware this but the entire world knows the truth. Or is she dishonest to the truth? The LTTE conscripted children forcefully to train them as fighters and suicide bombers. They asked every family to submit a child and at latter stages of their fight with the Sri Lankan forces they asked for more due to dire shortage of fighters. At one instance, it was reported that they forcefully abducted three children from a family of four children leaving only one for the parents. The parents were told that it was 'enough' for them.

The LTTE did not stop at forceful conscription. They militarized the schools in the areas they controlled. The schoolchildren were given military training and some schools were later used as LTTE camps depriving education to the children.

Yet, Ms. Suntharalingam seems unaware any of these. They also killed number of school Principals in leading schools in the North for dissention.

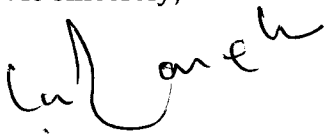
Another false argument in her article is that *Tamil doctors were 'refused access'* to serve the displaced people. To the contrary, the government appointed 232 additional doctors in April this year to the hospitals in the region and the welfare villages, just to cope with the exodus of the civilians escaping the LTTE clutches. Additional nurses and other support staff were also deployed to these places. **[I have attached annexure to this letter with detailed statistics on healthcare facilities that the government has provided to the displaced people].**

The writer also says, *"the Sri Lankan Ministry of Health is not allowing Tamil doctors to assist the injured and sick inside the camps"*. This is also false and baseless. As I have mentioned earlier there are additional doctors appointed to serve the displaced people and there is no differentiation whether they are Sinhalese, Tamil or otherwise. There is no prevention of any doctor serving them as well.

Although the article warrants much further clarification owing to its totality of misrepresentation of facts and reality, I wish to refrain from making further comments to make my letter reader-friendly to you. I hope you would understand the scale of misuse of the British Medical Journal to spread misinformation in prosecution of a personal agenda by Ms. Suntharalingam. I wish you would publish my concerns in your most respected journal correcting the image of Sri Lanka among your readers.

I look forward to hearing from you.

Yours sincerely,



Justice Nihal Jayasinghe
High Commissioner

Annex I

Situation Report on medical facilities provided in the welfare centers Vavuniya

Ministry of Health (MoH) has mobilized its resources to a maximum to provide medical facilities to the civilians in welfare centers in Vavuniya. Additional 232 Medical officers have been permanently posted to the Northern Province and Padaviya hospitals. With this reinforcement, 304 medical officers (doctors) and the nurses to 986 are now working in hospitals and welfare centers in the North and Padaviya. Ministry of Health also organize a senior Registrar Anesthesia from Teaching Hospital Anuradhapura, a Paediatric Surgeon from Lady Ridgeway Colombo, 03 JMO from Kegalle, Csth from Karapitiya and a surgeon from Teaching Hospital Kalubowila to visit regularly to the camp sites.

- Increase in Medical officer capacity since 1st May 2009:
Padaviya (15), Mannar (15), IDP Camps (44), Chettikulam (10), General Hospital Vavuniya (25), Kabithigollawa (5), Madavacchiya (5), Kurunagala (10).

1. Medical Facilities- Hospitals

07 hospitals provide healthcare facilities for IDPs in the Northern and the Eastern Provinces;

1. General Hospital Trincomalee
2. General Hospital Vavuniya
3. General Hospital Mannar
4. Base Hospital Cheddikulam
5. District Hospital Cheddikulam
6. District Hospital Poovarasakulam
7. District Hospital Pampainimadu

In addition, 07 hospitals which are located outside the North & the East Provinces provide healthcare for the IDPs.

1. Base Hospital Dambulla
2. General Hospital Polonnaruwa
3. Base Hospital Hingurakgoda
4. Base Hospital Kanthulai
5. Base Hospital Medirigiriya
6. Base Hospital Medavachchiya

7. Teaching Hospital Kurunagala

(See Annex I)

- Medicine San Frontier (MSF), France constructed a 100 bed field hospital in Chettikulam to take care of the IDP population.
- Indian government relocated its field hospital in Pulmudai to Zone 1 of the welfare center in Manik Farm area. Medical team comprising 8 doctors and 54 nursing, 115 beds, para -medical and technical staff are providing health care to IDPs.

2. Medical Facilities available

- Ministry of Health has assigned additional number of nurses to all hospital in the Northern Province. 114 nurses have been deployed to the Northern Province and 50 nurses to Trincomallee district and 18 to Padaviya.
- The number of beds available in the Cheddikulam Hospital has increased to 188.
- Base hospital in Poovarasakulum is identified for treating the patients infected with Chicken pox and other communicable diseases.
- Adequate stocks of all essential drugs have been deployed from all Regional Medical Supply Division to the hospitals in the North. The MOH also has appointed a senior Director from Medical Supply Division to Vavuniya to coordinate all the Drug supply to Northern district. A Senior Assistant Director is also located at the Chettikulam drug store, with a store keeper.
- MOH regularly provides 30-40 lorry loads of medical supplies to IDP camps. The recent consignment contained more than 500,000 oral doses for Chicken Pox and necessary antibiotics.
- A new drug store is to be established in Vavuniya to dispatch of required drugs.
- MOH has placed additional 37 Ambulances in hospitals in the North.
- 40 Ambulances (equipped with basic life support in each with EMT and driver) will be deployed to the PHC centers in each IDP camps with the assistance of Ministry of Local Government, Provincial Councils and Medical teams international.
- Additionally Ambulances were made available to;
 - One ambulance per zone 1 and 2
 - Two ambulance for zone 2

3. Preventive Healthcare:

- Drinking water quality analysis is carried out by health staff on a regular basis. The Public Health Inspector (PHI) also advocate for the frequent chlorination of the drinking water sources
- Routine immunization is being carried out in all welfare centers. *Unimix* is given to all children below 5 years.
- Vitamin 'A' mega doses were given to all IDPs expects pregnant women and elderly.
- De-worming (anti-helminthic) tablets/Pyrethin syrup (for children under 2 years) is given to all IDPs on arrival to camps.
- Family planning: condoms were made available to IDPs through the Public Health Inspectors (PHI) and Public Health Midwives (PHM).
- A mobile dental unit has been dispatched to provide dental care services for people living in welfare centres. A mobile laboratory was mobilized to Vavuniya region to improve investigation facilities in welfare centers.

4. Composition of Primary Health Care Centers (PHC) at IDP camp level:

- Every Primary Health Care Centre (PHC) covers 10,000-15,000 people, operates from 8 a.m. to 4 p.m. with a 24 hour ambulance service. The Center has staffed with 3 Medical Officers with a nurse and a pharmacist/dispenser.
- The PHC will provide basic medical care, basic procedures (e.g. suturing, nebulization) and conduct clinics (Antenatal, postnatal, well baby, well woman clinics). It also carries out health education services & counseling services.

(see annex III)

5. Mental Health and Psychological support:

- A specialist psychiatrist is station in Vavuniya psychiatric care for IDPs. Only Vavuniya and Jaffna has an acute care ward to treat mentally ill.
- Psychosocial interventions at IDP camp level is also need to be catalyzed and coordinated.
- Teachers trained in counseling have been mobilized by the education department to work at each IDP camp in Northern district.

6. Nutritional status in Camps

- Most of IDPs arrived from the former no fire zone have a poor nutritional health status.
- On arrival, all IDPs are given Tripohsa (a micro-nutritional supplement) at the welfare camps.
- Vitamin 'A' mega doses were given to all IDPs expects pregnant women and elderly.

- Nutritional screening centers (where Therapeutic feeding will be made available) will be established at all primary health care centers in the 5 zones. The technical guidance will be provided by the Family Health Bureau and UNICEF, and the program will be implemented by Sarvodaya. The funding for this Emergency nutritional programme will be provided by UNICEF.
- Pompaimadu hospital has been identified to cater for highly vulnerable: elderly, pregnant mothers, post-partum mothers.
- The children under 5 years living in the camps were screened to identify the children with GAM (Globally Acute Malnourished). According to the available information five camps were screened upto now.

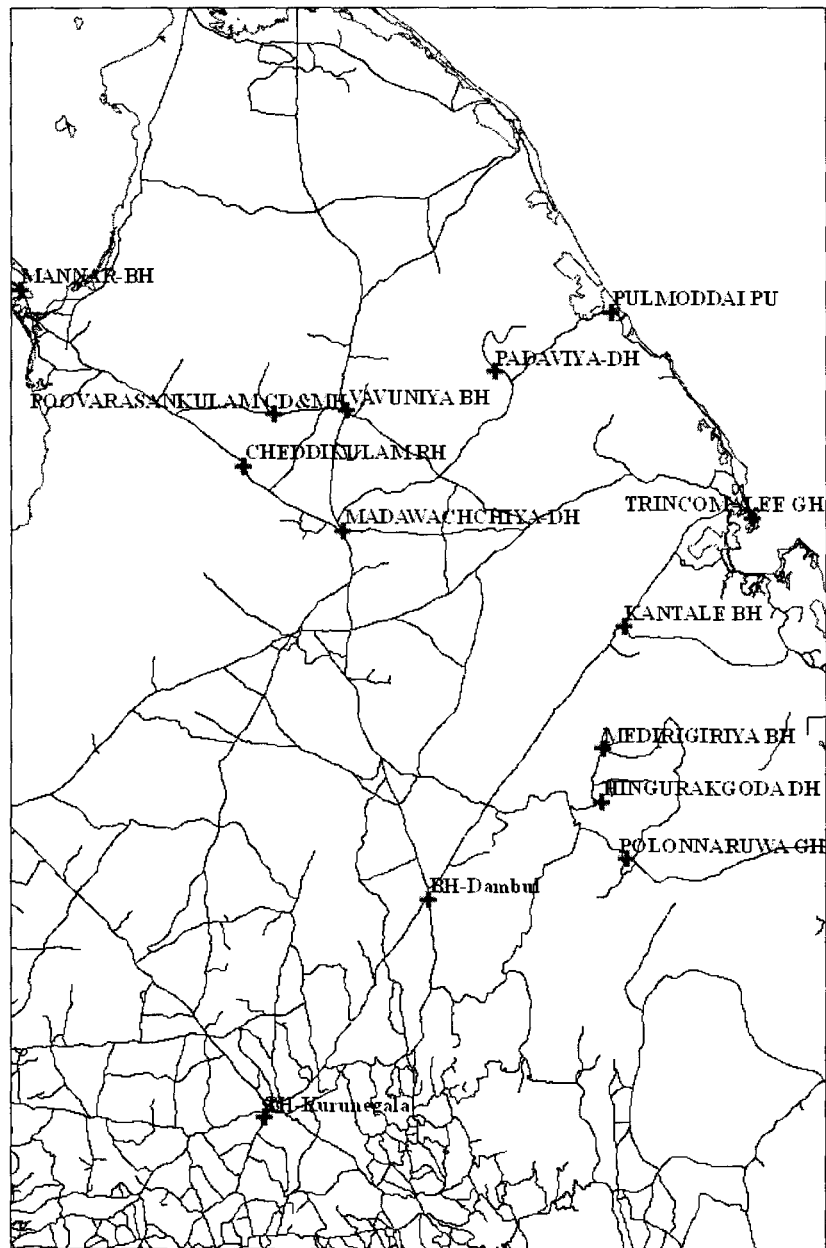
7. Nutritional Packages of Interventions

- A programme has been initiated to prevent of Malnutrition through Blanket Supplementary Feedings.
- Treatment of Moderate Malnutrition has been conducted by using UNIMIX / High Energy Biscuits (HEB)
- Treatment of Severe Acute Malnutrition is done with providing BP 100 / Plumpy Nut and for uncomplicated cases while F-75, F-100 & ResoMal for complicated cases.
- MMN tablets will be provided for the pregnant women and Sprinkles will be given for the children under 5 years.
- Mebendazole tablets and *Pyrantale Pamoate syrup* are given for all children under 5 years.
- Hygiene education and appropriate infant feeding practices are done through PHM & PHIs.

Prepared by Public Communications based on approved information given by
 Ministry of Health
 09 June 2009

Annex - II

Map Showing the Major Hospitals involved with providing care to IDP patients



Annex II

No of medical officers deployed in North:

Hospital	Number of Doctors	No of Nurses
BH Padaviya	27	60
GH Vavuniya	81+RHO 23	147
BH Cheddikulum	13	12
BH Poovarasakulum (Isolation facility)	4	2
Pampainmadu Hospital	13	1
DGH Mannar	50	67
BH Dambulla	46	140
BH Kantale	63	124
GH Polonnaruwa	133	311
GH Hingurakgoda	15	17
TH Kurunagala	302	986

Annex III

Deployment of Healthcare Officers in the Vavuniya IDP facility

		Referral Centres	Primary Health Care Centres	Primary Health Care Centres-Proposed	Medical Officers	RMO	Nursing Sisters	Nurses	Phrmacist	Dispense r	PHM	PHI
Zone 0	21061	1	2	4	4	0	1	2	2	4	6	1
Zone 1	39671	1	2	0	12	0	2	12	2	2	15	3
Zone 2	80548	1	4	0	24	10	5	8	2	5	18	4
Zone 3	40648	1	3	1	6	0	1	10	2	3	11	2
Zone 4	35400	1	1	6	14	0	2	15	2	6	9	5
Total	217328	5	12	11	60	10	11	47	10	20	59	15

Mobile health camps are conducted for Zone 2 and 4

Night on call facilities are available for zone 1, 2 and 3