Introduction

The key objective of the workshops was to follow up the first day’s proceedings by identifying key areas pertaining to the Health and Health Care Needs of the Victims of War, so that appropriate action plans could be formulated. The workshops therefore considered measures to help displaced persons especially those facing repatriation, rehabilitation programmes for war related victims, the need for Development Assistance and the Community initiatives that need to be nurtured and supported.

The participants of the conference attended one of four workshops on day two, scheduled as parallel sessions. Each workshop was moderated by a team of facilitators and the output was presented in a plenary session by the lead facilitator (name in bold). Oral submissions made by selected individuals at some of the workshops and a few papers submitted to the conference by non-attendees are included as part of the outputs from workshops.

WORKSHOP I

REPATRIATION: EXPECTATIONS AND THE REALITIES

Facilitators:

Mr. R Malcolm Rogers, Sri Lanka Project Co-ordinator, British Refugee Council, UK
Ms. Helena J. Whall, Researcher, Tamil Information Centre, UK.
Mr. Bo Schack, Senior Regional Legal Adviser for Asia and Oceania, UNHCR, Geneva, Switzerland.

SCOPE OF THE PROBLEM

• Two principles are enshrined in international refugee laws. Firstly the expectation that any refugee returning will be able to return to his or her own home.
• Secondly they will be able to do so with dignity and safety.
• The continuing ethnic war has resulted in the displacement of several thousands of Tamil speaking people both to areas outside the North-East of Sri Lanka and abroad notably to South India and the West.
• Estimates relating to the Northern District in 1994 show that there were 79834 families comprising 264,335 persons displaced from their permanent residences. Of these nearly 9,000 families were being accommodated in temporary welfare centres (see Special Report on the Situation in Jaffna District).
• In 1994 there were about 80,000 Tamil refugees in about 125 camps in various parts of Tamil Nadu. It was estimated that another 100,000 refugees were living outside camps.
• Following the 1987 Indo-Sri Lanka accord the repatriation programme that was initiated showed lack of consideration of the Tamils’ right to return to their own homes in safety and with dignity.
• The Swiss Government took a decision in 1994 to deport Tamil asylum seekers who had been rejected.
• In 1993 the new Asylum and Immigration Act was passed in the UK with its impact on the rights of Tamil Asylum seekers.

The workshop considered the plight of Tamils scattered in various countries, noting particularly the difficulties they were having in getting their refugee status recognised. The steps taken by some governments to repatriate Tamils disregarding the dangers they are likely to encounter on return to Sri Lanka was a matter of grave concern.

The presence of a representative from the United Nations High Commission for Refugees (UNHCR) at the workshop provided an opportunity for a frank exchange of views about the role of the UNHCR in the repatriation programmes from India and Switzerland. The UNHCR was perceived to be assisting the Indian
and Swiss Governments to repatriate Tamil refugees who had a legitimate claim to stay. The UNHCR representative maintained that the issue concerned only those who were found not to be refugees by the respective Governments and not those who had secured a right to stay. The UNHCR having accepted the reality that these persons were going to be deported wished to make sure that those who were returning did so with dignity and in safety.

They were conscious of the fact that although active intervention and monitoring on their part may benefit some who are returning, this may send the wrong signal to foreign governments who may think that because the UNHCR is looking after the deportees~ more could be sent back.

Many participants in the workshop felt that the UNHCR had breached its protection mandate and lost the confidence of Tamils.

PROPOSALS

WORKSHOP 2

REHABILITATION OF THE WAR RELATED VICTIMS

Facilitators:
Mr. V. Sivagnanavel, Consultant Orthopaedic Surgeon, General Hospital, Bishop Aukiand, UK
Dr. M. Jegarajah, Consultant Chest Physician, Rochdale, UK.

- Whereas the Sri Lankan Government had in place arrangements to take care of soldiers there is uncertainty about the extent of the services available to Tamil combatants. There is evidence that large numbers of freedom fighters either die or suffer serious disability due to the lack of adequate health care.

- The Jaipur Foot Programme in Jaffna fitted prosthesis for 884 amputees between 1987 and 1993. Of these 75% had sustained injuries due to bomb blasts and pressure mines. In late 1994 there were over 150 amputees on the waiting list for prostheses.

- The worst affected are ordinary civilian people, particularly those living in areas directly affected by the protracted war.

- There is severe disruption to civilian life with large numbers of people having to survive in refugee camps with extremely poor facilities or with grossly inadequate temporary arrangements far removed from their homes.

- The plight of children’s needs to be particularly highlighted not only in relation to the immediate aftermath of battle but also because of the long term consequences. (see report from Dr.Ehlrich, Visiting American Paediatrician, who worked in Batticaloa providing the only Specialist Paediatric care for an area with population of around 400,000 and with 16 Refugee camps).

- The widows especially in the East were also reported to be a particularly vulnerable group and in need of urgent help. Estimates suggest that in the East alone there are over 3,000 widows, most of whom with more than one child, and under the age of 35, in need of urgent rehabilitation (see Health Care and Rehabilitation of Women, Youth and Children who are Victims of War in Batticaloa District Sri Lanka)

- Displaced Tamils in various countries in Europe who are also victims of war having had to flee from their homes and seek refuge in the West too are subject to exploitation in relation to matters such as Housing and Employment and constitute a vulnerable group.

- The elders among refugees have their own particular needs.

- There were contributions during the workshop by visitors who have been or are engaged in projects in the East of Sri Lanka.

- The workshop concluded that rehabilitation initiatives had to consider the physical, psychological and the socioeconomic impact of the war on individuals, families and the community as a whole.
WORKSHOP 3

DEVELOPMENT ASSISTANCE FOR BETTER HEALTH

Facilitators:

Dr. P. Arulanantham, Paediatrician/Endocrinologist,
Consultant OFERR programme, India.
and Assistant Clinical Professor, UCLA, USA.

Mr. M. Sri Shanmugarajah, President,
Dry’ Zone Development Foundation, Sri Lanka.

Mr. S. Balakrishnan, Executive Secretary,
Centre for Development Alternatives, Kandy
Consultant for Policy Research on Health
Programmes in the Estate Rural Areas, Sri Lanka.

Mr. D.P. Agastian, President, North East Economic Development Society, Sri Lanka.

- There has been severe destruction of the infrastructure as a result of the ethnic war in the North-East.
- The plantation areas had suffered even before the ethnic disturbances in terms of poor health care facilities.
- The ravages of the ethnic war continue and a number of contributory factors perpetuate the situation. Unemployment, low income, poor living conditions disruption of educational facilities were factors very much in evidence and signified by various indices such as rising infant and maternal mortality rates.
- While the Sri Lankan national average for Infant Mortality Rate was 20.2% (check denominator) in 1988, in the Nuwara Eliya District a key Tea plantation area, it was 35.5% (see Report-Health Situation in The Estate Sector)
- There was an acute shortage of health care personnel, buildings and other facilities had been damaged or destroyed, and drugs were unavailable or in short supply. (see Health Services in the Jaffna & Trincomalee Districts)
- Facilities for Health education and primary care were virtually non existent with the meagre resources being concentrated on the immediate care of the wounded, displaced or disposessed.
- The Workshop felt that while strenuous efforts continue to bring a just solution to the ethnic conflict, immediate requirements were a programme of restoration of the basic facilities in terms of buildings with the essential equipment and drugs and the securing of personnel.
- In the longer term the rebuilding of the wider infrastructure in terms of housing, roads and communication facilities and improved work opportunities in agriculture and industries were considered vital.

PROPOSALS

1. Immediate assistance to agencies currently working in the North East and in the Plantation sector
2. Immediate financial assistance to the Jaipur Foot Programme and Centre for Women and Development
3. Expatriates to urge, via their contacts with NGOs and other organisations in the West, for increased and immediate assistance to the North East and plantation areas in Sri Lanka
4. To identify means of enhancing the training of health care personnel in the short term. facilitate visits by professionals from abroad to provide advice and training
5. To assist local efforts aimed at providing rehabilitation to freedom fighters
WORKSHOP 4

COMMUNITY INITIATIVES IN THE HEALTH SERVICES

Facilitators:
Dr. S. Arunachalam, Consultant Physician with Special Interest in the elderly, Edgware General Hospital, London, UK.
Dr. Anna Doney, Clinical Psychologist, Royal Hospital for Sick Children, Edinburgh, UK.
Sister. Victorine James, Lecturer, School of Nursing, Jaffna, Sri Lanka.

- The affected areas in the ethnic war were divisible into three areas controlled by the LTTE, those controlled by the Sri Lankan army and the areas where the armed conflict was active. The latter was the most affected in terms of disruption of health care.

- Organisations such as Shanthiham - Association of Health and Counselling were already engaged in very valuable work in the Jaffna District at present. (see Report on Shanthiham)

- Health must be considered on a holistic basis, including not only the physical but also the psychological welfare of people, in any initiative to assist the Health Services. Traditional methods of treatment and care should also be incorporated in efforts to help those who have suffered trauma. (see study on ex-detainees - Dr. Anna Donay)

- In the longer term too, efforts to reestablish an organised health care system must not be an exercise that simply mimics the West. It must be one that recognises the contribution ordinary people can make in shaping health care delivery. There should be an organised system of public consultation and community participation in the initiatives to reorganise health services.

- The workshop surveyed the situation regarding the availability of health care particularly in North and East of Sri Lanka. There were presentations from persons currently working in Jaffna and those who had visited recently and able to give a first hand account of the prevailing conditions.

PROPOSALS

1. To provide immediate assistance to Shanthiham to support their current ongoing community initiatives. Financial assistance to support the following projects.

   1.1 Continuation of counselling services

   1.2 Provision of outreach centres—Madipay, Chavakacheri, Point Pedro and Kilinochchi

   1.3 Library

   1.4 Ongoing training for counsellors

2. Have more public consultations and involve more representatives from the community in the planning machinery for the health services.

3. Provide financial and professional assistance to agencies currently involved in health education and primary care.

4. Collaborate with international organisations such as UNICEF who are currently involved in projects in the war affected areas