

**On the spot report - updated on 4th March, 2009 –
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Hospital: Hospital has become a hell. Mathalan GTMS has been converted into a makeshift hospital. Every now and then the ambulances and TRO vehicles moving fast into the hospital compound and would screech to a halt. Hospital staff, Red Cross and TRO volunteers would be always there to receive the dead and wounded. The wounded would be immediately shifted from the vehicles as smoothly as possible and placed on a big carpet under a tree. Health volunteers with the assistance of doctors immediately would get into doing first aid and injecting saline. They would select the priority cases to be treated at once. Some cases were there – they can not be treated. Doctors were sure that with surgical items available here, medicines and expertise there was no hope and no chance for recovery. We saw a case – a young boy who was still alive. We asked the doctor why he can not be treated. Doctor put his whole finger into a hole on his head. He explained that a shell piece has penetrated through the scalp of his head and gone deep into his brain and has damaged it seriously. Even a neuro surgeon in a best hospital in the world can not cure him. How can we? We have to work without anesthesia and pethadin – drugs needed for surgery and amputations. He would die in some minutes.”

In another case a pregnant woman with three month baby inside her womb was lying there - Her internal organs have been severely damaged – shell pieces have severed many vital parts of her stomach and womb. Her both breasts have been severed. Blood was fast flowing like many streams from the abdomen. There was no blood in the blood bank. She would die soon.

One young girl whose back side below her shoulders have partly gone was there. Her vital internal body parts have been severely damaged beyond repair. When we visited the hospital the above 3 cases were still alive. The girl was still talking. What doctors can do is to inject a bottle of saline and prolong their life some more minutes enable them to talk to their loved ones and give some bio data and other information for the hospital authorities to make entries for reporting and informing to close relatives for burial or cremation.

Though they prioritized the cases the Operation Theatre (Surgery room) would not be free. 4 or 5 beds inside the OT would always with the seriously injured persons. The few surgeons working on them would be always busy. Continuously treating the injured and doing amputations if necessary. Therefore even the serious cases have to wait for sometime. If we had a peep into that room through the curtain which covers a doorway the whole floor would be a pool of blood. There would be hardly any time to wash the floor with water. In one case a cluster bomb has penetrated into her leg without exploding. The leg has to be amputated carefully and the leg was taken away for disposal.

The treated patients were warded in the hospital premises to be sent to Trincomalee in the next ship.

The dead bodies were lying under a big tree to be claimed by relatives. They would be there for 24 hours. After that if there is no claimant TRO would take responsibility of the dead bodies, put them in the coffins and take them for burial or cremation. That area is a really horrific. In some cases mangled bodies have to be swept into a heap of flesh and bones. Small children were without half of their body parts. Heads were fully open with the brain falling from them. The faces damaged beyond recognition. In one case the

stomach ripped open with intestines and bowl out on the ground. Severed legs and arms. Breasts blasted. Totally a gory picture. This is an everyday event without an end.

The last quarter and first quarter medicines did not come from the ministry. A ship brought some medicines – that was enough for a day's treatment in the hospital. Anesthesia and anti biotic did not come – which is necessary for amputations and surgery. During and after the surgery the patients were screaming as the surgery is taking place without giving anesthesia. After surgery there is no pethadin is given to ease the pain or anti biotic to cure the wounds quickly.

When the government failed in its attempts to lure the people to the side of its control by scaring them by bombing and shelling it has devised a new strategy – a devilish plan – a barbaric method of wounding them and preparing them for evacuation out of Vanni to its controlled area. Before a ship would arrive the army would prepare the ground with at least with 300 wounded people. With other sick persons and helpers more than 600 would leave to the South. In that process at least 40 to 50 would be dead everyday. That's happening now. In the night before a ships arrives the commanders decide on the orders of their political heads how many shells have to be fired into the IDP settlements. It is calculated how many get killed and how many get injured. The injured, sick and the accompanying helpers should tally with the capacity of the ship. How many persons it would carry the next day. Though ICRC has come forward to help the sick and wounded to be treated properly on a humanitarian basis, Sri Lankan government is hoodwinking the ICRC and International Community as a whole in achieving its objective of bringing the Tamil population under its control in a heinous way the world never witnessed.

There are more than 300,000 persons in Vanni. But the government claims only 75,000 persons are now in Vanni. With the news black out and eviction of international witnesses there is a chance for government troops killing at least 50,000 people by shelling, cluster and napalm bombing and aerial bombardments. Already 2018 people have been killed and over 10,000 wounded within a month. This is clearly a genocide.



Ship and the sick and wounded

Sick and wounded eligible are authorized by doctors to be taken by ship to Trincomalee. First they are admitted to the wards of the makeshift hospital. Then on the basis of doctor's authorization they are given token to be taken to ship in an orderly manner. TRO volunteers helps in lifting the wounded and sick on mats and stretchers and place them on the vehicles. TRO provides its vehicles with drivers for this transport. Hiace vans and Pajeros are used for seriously wounded, sick and old while tractors are used for others. Seriously wounded with broken limbs while lifting show their pains by crying and howling.

Again on the beach these people have to taken to the ship by out motor boats. All have to taken by this way. The seriously wounded suffer very much by traveling in these boats which stumbles and staggers severely rocking the wounded. Though the wounded undergo pain they are relieved with the hope that they will get cured soon.

Some photos speak about TRO's work



TRO's provision of gruel (kanji) to IDPs who suffer by hunger – already 13 people have died by famine according to RDHS (Regional Director of Health Services) Mullaitivu



TRO makes a payment of Rs. 3,000 to close relative of persons killed by shelling, aerial bombardment and shooting

SITUATION REPORT as at 28.02.2009.
Mullaitivu District from District Secretariat

Preamble

Mullaitivu is the most affected District by the recent disasters. The District consists of five AGA divisions. The main sources of income of the people are Agriculture and Fishing.

Almost the entire people from all AGA Divisions of the District are displaced. The IDPs of Mullaitivu and Kilinochchi and parts of Vavuniya, Mannar and Jaffna Districts are now staying in Mullaitivu District.

Most of them are staying in the Safer Zone proclaimed by the Government. They are staying in the villages of Palayamaththalan, Puthumaththalan, Ampalavanpökkakanai, Valangermadam, Mulliwaikal West and Mulliwaikal East coming under the Maritempattu AGA division. Some are staying in Iranaipalai & Anandapuram villages coming under the Puthukkudiyiruppu AGA Division.

The population of Mullaitivu District at present is about 81,000 families, consisting of about 330,000 persons. This population is now living in the above mentioned villages amidst untold difficulties.

The authorities responsible are unable to provide the much needed pure drinking water and sanitation facilities due to lack of resources.

The safer zone is extremely congested and most of the people are living under plastic tarpaulin sheets along the eastern coast and around the lagoon.

The required food items for the issue of Dry Ration under WFP have not been transported to the district. Only a few MT of food items were brought by ships and were issued to the IDPs. There is a severe shortage for food in the area. People are unable to purchase the food in the market. Prices of the food items have increased and vegetables and fruits are not available at all in the area.

Amidst severe hardship, fear and risk of life, the government employees loyally render their services to the best of their ability.

01. Population

People of Mullaitivu and Kilinochchi Districts and part of Vavuniya, Jaffna and Mannar Districts are displaced and are staying in the shrunken Mullaitivu District. About 81,000 families consisting of 330,000 persons are presently staying in the Safer Zone proclaimed by the Government, which consists of the villages, of Palayamaththalan, Puthumaththalan, Ampalavanpokkakanai, Valangermadam, Mulliwaikal West and Mulliwaikal East coming under the Maritempattu AGA division. Some are staying in Iranaipalai & Anandapuram villages coming under the Puthukkudiyiruppu AGA Division.

02. Issue of Dry Ration

Food items for the issue of Dry Ration are being transported by Ships and offloaded at Puthumaththalan.

Requirement of the essential food items for the issue of Dry Ration under WFP for the month of February, 2009 is as follows:

Serial No.	Items	Quantity required for the Month (MT)
01.	Rice	1980
02.	Wheat Flour	1980
03.	Dhal	594
04.	Sugar	198
05.	Oil	198
	Total	4950

Note:- The required quantity is calculated based on the quantity approved by the WFP.

As the required quantity of food has not been received, dry ration was issued only for a few IDPs, nearly about 30,000 members. Others could not get food from any other sources and they are hungry.

The innocent people including children and women are in a pathetic condition and very soon they will die due to starvation. The Regional Director of Health Services, Mullaitivu has informed us that 13 people have already died due to starvation.

The details of the Essential food and Supplementary food items received by the ships in February,2009 are as follows.

S.No.	Date	Name of the ships	Items	Quantity received (MT)
01.	16.02.09	Singabahu-02	Wheat flour	19.9
			Dhal	5.8
			Sugar	4.1
02.	19.02.09	Green Ocean	Wheat Flour	10
03.	21.02.09	Seruveta - 02	Sugar	3
			Wheat Flour	4
			Samaposha	0.5
			Soya	0.3
			Kadalai	0.684
			Tea	0.646
			Dry Fish	1.03
			Chilli Powder	0.521
			Coconut Oil	10.181
			Milk Powder (Anchor)	7317 Box
			Milk Powder (Anchor 1 +)	3240 Box
			Ceralac	1475 Box
			Green Gram	1
04.	24.02.09	Green Ocean	Wheat Flour	8
			Sugar	1
			Dhal	1
05.	26.02.09	Singabagu-02	Wheat Flour	30
			Sugar	2
			Dhal	6
			Veg.Oil	1.910
06.	28.02.09	Green Ocean	Wheat Flour	10
			Dhal	5
			Oil	5

03.Health

- The Divisional Hospital, Puthukkudiyirupapu had been shifted to Puthumaththalan GTMS since 05.02.2009 due to the intensive battles in the Puthukkudiyiruppu area and is functioning amidst great difficulties such as shortage of medical staff, medicines and infrastructural facilities.

➤ This is the only Hospital functioning with temporary wards, labour room and theatre facilities and there are five centres providing OPD care services and mother and child health clinic services.

The Puthumaththalan Hospital treats an average of about 75 – 150 casualties, 20 – 30 children, 30 – 50 pregnant mothers and more than 400 in ward patients daily.

- The war casualties and those who are seriously ill are transported to Trincomalee by ships with the help of the ICRC.
- Details of patients transported from DH, Puthukkudiyiruppu (Puthumaththalan) to Trincomalee Hospital by ships are as follows.

S.No.	Date	Name of the Ship	No. of patients transported
01	10.02.09	Green Ocean	368
02.	12.02.09	Green Ocean	424
03.	16.02.09	Green Ocean	440
04.	20.02.09	Green Ocean	398
05.	24.02.09	Green Ocean	366
06.	28.02.09	Green Ocean	252

- According to the report of the RDHS, Mullaitivu there is a severe shortage of medicines, particularly the anesthetic drugs, surgical items, IV fluids (normal saline/Dextrose/Hartman), IV antibiotics (C.Pencillin / Ampicillin / Cefotaxcme), Oral antibiotics (Amoxycillin/Flagyl/Pencillin/Cotrim), Pediatric syrups, Jeevani, ARV toxoid and Vaccines.

04. Education

Schools are not functioning. Schools in the Safer Zone except Puthumaththalan GTMS are occupied by the IDPs.

05. Postal

Mails to and from the District have not been transported in the month. As the postal services are the only means of communication, the people and organizations in the District are very much affected.

06. Banks

The State Banks such as the Bank of Ceylon and the People's Bank which were functioning at Puthukkudiyiruppu are not functioning now. The officers of the Government Departments and other State Institutions are finding it extremely difficult to get their salaries. People are unable to make their cash transactions and the day to day life of the general public of the District are also adversely affected due to the non functioning of the Banks.

07. Trading Activities

Transport of food and other items to Mullaitivu District by land route was not possible. Due to the shortage of food and non food items, prices of these items have increased manifold. There is a scarcity of the essential food items in the District.

08. Shelter

Permanent shelters in the villages mentioned above are much less compared to the original population here.

Most of the IDPs are staying in the temporary tarpaulin sheets shelters and under the trees in these villages. As a lot of people stay in the small stretch of the coastal belt, people have put up these tarpaulin shelters along the sea shore and around the lagoon. The area around the lagoon is not conducive for human habitation. Under the scorching sun it's not easy to live under the tarpaulin sheets. As a result chickenpox, diarrhea, viral fever, sore eyes and cough etc. are widespread and children, women, the elderly and those with sickness are vulnerable to the onslaught of these diseases.

09. Water Supply

There is no common water supply system already functioning in the Safer Zone. As the drinking water facilities in these villages (Coastal Belt) are naturally limited, the sudden increase of the population had made the situation worse. It is very difficult to issue the much needed pure drinking water to the IDPs by the Pradeshiyasabha, Maritempattu and Puthkkudiyiruppu. Yet with the help of local staff of INGOs, such as Solidar and Oxfam, the Pradeshiyasabhas manage to issue the drinking water to a segment of the population. This sector needs a lot of material and tools. Shortage of fuel and other resources hamper this work.

10. Sanitation

Sanitation facilities for the permanent residents of villages were already insufficient. Now the IDPs use the sea shore and the lagoon for toilet purposes. Needed toilet materials are not available in the area. This would lead to a health crisis in the near future.

Conclusion

A large number of the IDPs are living in a small stretch of the eastern coastal belt which is undeveloped. Their day to day life has become a struggle for survival.

The government institutions and the available officials are rendering their services to the beleaguered people with dedication amidst severe hardships.

Urgent action is called for to provide the people in Mullaitivu District with the basic needs such as food, medicines, water & sanitation and shelter materials on a humanitarian basis.

If the same situation continues, a large number of people will die due to starvation and illness.