Sri Lanka
17 years of humanitarian actions

Report

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Sri Lanka : 17 years of humanitarian actions

the french section of Médecins Sans Frontières close all its projects in Sri Lanka.

MEDECINS SANS FRONTIERES

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With the hope of lasting peace, the situation is slowly changing in the northern and eastern areas of Sri Lanka. The health system in these former zones of conflict is being restored and doctors and nurses are returning to take up long vacant positions. After suffering the consequences of the conflict, the populations are also returning to their villages in the hope of building a new life.

Outside the zones of conflict, the Sri-Lankan health system has always been highly developed and effective, with competent staff. Most importantly the health system is free of charge and therefore accessible to the poorest members of society. What could be better than applying this system throughout Sri Lanka, to all Sri-Lankans? The reasons for MSF's presence in the areas isolated by the conflict no longer exist. MSF France has therefore decided to close its programmes by the end of June 2003 but MSF Holland continues to support the obstetrical and gynaecological services in the hospital of Puthukkudiyiruppu. MSF-Holland is also training the hospital volunteers there. A new programme in the hospital of Mullaitivu will start soon. In Vavuniya, near the former front-line, MSF-Holland is running a community-based psychosocial project focusing on war trauma.

This document was inspired by a simple idea: how to mark the end of our missions after 17 years in this unique region of the world.
We wanted to put something down in writting and to thank those who were there and contributed to the programmes.
But we also wanted to share the experience with those who did not necessarily participate.
So we decided to set about gathering the experiences and memories of those who were in Sri Lanka, as a way of helping others to understand what it was like.
There are no analyses, no comments, no criticisms… We have compiled this account of facts and emotions experienced by all those working in Sri Lanka and have published without commentaries.
We would like to thank all those who contributed to this document, near or far, directly and indirectly.
Many thanks to all institutional donors who help to finance the mission.

Our apologies to those who we were unable to include, because of time or distance.
We also apologise to any of the national staff and volunteers whose names may have been forgotten at the end of the document.

We would particularly like to thank the national professionals without whom our 17 years of work would not have been possible.

Welcome to Paradise !

Sri Lanka, surrounded by the Indian Ocean, is an island paradise just 50 km off the coast of India. Marco Polo once said of this island, 430 km long and 225 km wide, that it was the most pleasant island of its size. All the guidebooks acclaim the treasures of this island the size of Ireland: the fine architecture, archaeological treasures, mysterious traditional dances, sandy beaches lined with palm trees, tea plantations as far as the eye can see, topical forests, an abundance of wild fauna, and above all, the friendly and welcoming people. Twenty years of civil war have not put off holiday-makers: in 2000, when clashes between the army and Tamil rebels claimed 4000 lives, the island's southern beaches were visited by over 400,000 overseas tourists.

A COVETED ISLAND

The natural beauty and riches of Sri Lanka have long been coveted. Under Indian influence between the 14th and 16th centuries, the island later became a Portuguese colony in the 16th century. It then fell into the hands of the Dutch in the 17th century before coming under British control in 1796, which lasted 152 years. In 1948, the island of Ceylon finally gained its independence, but it was not until 1972 that the island was renamed Sri Lanka under the new constitution.

This new constitution, which made Buddhism the national religion, stirred tensions between the Sinhalese community (mainly Buddhist) and the Tamils (mostly Hindu). Although the Tamils held most of the administrative positions under the British, after independence they were marginalized. In 1956, Sinhalese was proclaimed the country's sole official language causing anger amongst the Tamil community. In 1972, the rebellion army, the Tamil New Tigers (TNT) was founded by Vellupillai Prabhakaran, who later formed the Liberation Tigers of Tamil Eelam (LTTE) in 1976. These movements called for an independent constitution for the provinces of the north and east of Sri Lanka. Violent confrontations began, triggered notably with the TNT assassinating the mayor of Jaffna, a town in the heart of the Tamil peninsula in the country's north.

However, it was not until 1983 that the civil war really began. Thirteen Sri Lankan army soldiers were killed in an LTTE ambush. Riots broke out at the soldiers' funeral in the capital Colombo and 3000 Tamils were killed, meanwhile in the north the army launched massive retaliation strikes around Jaffna. 20 years of conflict have left more than 60,000 dead and hundreds of thousands of people refugees or missing.

HOPE OF PEACE

After three failed rounds of peace negotiations, the current talks seem to be promising. In February 2002, the government (whose president Chandrika Kumaratunga is from the People's Alliance and whose prime minister Ranil Wickremasinghe is from the opposing United National Party) signed a permanent ceasefire with the Tamil Tigers which paved the way for new peace talks. Since then further steps toward peace have followed. Air and road links between the Jaffna peninsula and the rest of the island have been reopened. The disarmament process has begun and the two sides have exchanged prisoners of war. On a political level, the Tamil Tigers have abandoned their claim for an independent state, and the government accepted, in an agreement signed in December 2002, the principle of autonomy in the northern and eastern regions. New rounds of talks were due to take place in Japan on 9th– 10th of June. But LTTE decided to boycott them. Although tensions still subsist, hope has returned to Sri Lanka.

FACTS AND FIGURES

Official name:

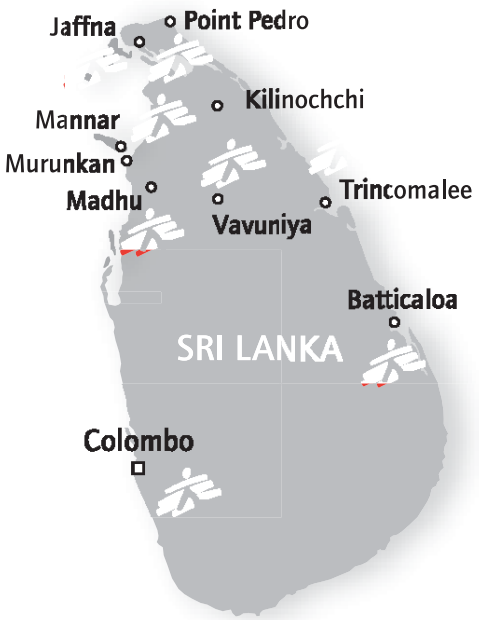
Democratic Socialist Republic of Sri Lanka

- Land area: 65,610 sq km. 1,340 km of coastline
- Capital city: Colombo
- National holiday: 4th February (celebrating the country's independence in 1948)
- Population: 19 576 783
- Sinhalese: 74%
  Tamils: 18%,
  Moor: 7%
  other: Burgher, Vedda, Malay: 1%
- Religions:
  Buddhist: 70%
  Hindu: 15%
  Muslim: 7%
  Christian: 7%.

Médecins Sans Frontières in Sri Lanka

War Timeline

- 1972
  New constitution. Buddhism becomes the State religion. Birth of the Tamil New Tigers (TNT), Tamil armed rebel movement.
- 1976
  The TNT becomes the LTTE (Liberation Tigers of Tamil Eelam).
- 1982
  Tamil party boycotts presidential elections.
- 1983
  Civil war begins.
- 1985
  First peace negotiations collapse.
- 1987
  Armed military offensive. The LTTE retreats to the Jaffna peninsula. Deployment of an Indian peacekeeping force.
- 1987-1990
  Repeated LTTE attacks against Indian soldiers. The latter take revenge on the civilian population.
- 1990
  Retreat of Indian troops.
- 1991
  LTTE assassinates Rajiv Gandhi, the Indian prime minister.s
- 1993
  The President, Premadasa, is killed by a bomb.
- 1994
  Chandrika Kumaratunga, elected president, re-opens peace negotiations.



Since 1986 Médecins Sans Frontières has been working in Sri Lanka pursuing the same objective: providing assistance to populations directly victim of or isolated by the conflict, while denouncing violations of human rights and humanitarian rights.

With these principles in mind, MSF set up two types of programmes. The first set about to help existing health facilities to ensure essential services were provided in the large hospitals situated in the zones of conflict. Surgery was the main activity in this civil war context: over the 17 years, nearly 260 expatriate surgeons have worked in the operating theatres of Sri Lanka. The second type of programme involved setting up mobile clinics to provide the isolated population with access to care.

ON BOTH SIDES OF THE FRONT LINE

MSF set up missions both in towns under government control and in zones held by the LTTE. We worked in public hospitals (some in the hands of the government others controlled by the Tigers – like Trincomalee, Point Pedro, Jaffna and Batticaloa) to help make up for the lack of Tamil specialist doctors (many of whom had chosen exile to flee the conflict) as well as a lack of material resources. MSF provided surgeons, anaesthetists, midwives, nurses, and even paediatricians, gynaecologists, obstetricians, in addition to the usual administrators and technicians. We used our status as an international non-governmental organisation to convince the ministry of health to allocate the resources needed, and the ministry of defence to allow us access to the regions affected by conflict.

In the zones under LTTE control and the so-called "grey zones" (those controlled by the army but with pockets of LTTE resistance) MSF endeavoured to provide access to care for people in vulnerable situations, including many displaced people. At Madhu and in the entire Jaffna peninsula, as well as around Batticaloa, we provided food and medical assistance, and set up epidemiological prevention programmes and vaccination campaigns.

Finally, making the most of our presence on both sides of the frontline, MSF transported many patients in need of emergency medical care to appropriate facilities.

Again, our status as and an independent NGO often enabled us to get past checkpoints and zones of fighting which prevented patients from getting to hospital.

17 years of MSF programmes in a country at war

1988
the majority of doctors in the north and east of Sri Lanka leave the country to escape the fighting. 50 MSF surgeons, and as many anaesthetists, work in turns in the four hospitals in war zones: Trincomalee, Mannar, Point Pedro and Batticaloa. First mobile clinics in Batticaloa.

1989-1991
brief period of calm, then renewed fighting resulting in a flood of wounded arriving in Point Pedro. Seven missions in total, including four surgical. First mobile clinics in Mannar.

1992-1994
in the IDP camp in Madhu, four people perform minor surgery and evacuate patients that require more complex surgery. New surgery and obstetrics programme in Kilinochchi (October 94). First mobile clinics in Madhu.

1995-1997
violence escalates. It becomes more and more difficult to provide assistance to the civilian population. 'Strategic' drugs (anaesthetics, analgesics) and medical materials must be submitted for authorisation before being transported to conflict areas. In Kilinochchi, an LTTE town, the government refuses us authorisation to open a surgical programme. The fighting around Jaffna pushes the populations towards the east: Point Pedro hospital becomes the only accessible surgical hospital. Batticaloa carries out 3,400 operations a year (of which 20% war surgery). In Vavuniya, a team covers the surgical and anaesthetic needs (2,200 operations a year). In 1996 Jaffna hospital is partially destroyed. One year later, MSF obtains authorisation to work there and carries out over 8,500 surgical operations.

1998-2000
Supplying drugs and materials remains difficult. Activities are set up to improve surgery conditions (hygiene, asepsis, sterilisation, post-operative care etc.). At the end of 1999 emergency interventions increase, MSF therefore increases it teams. After the bombing of Madhu church, MSF re-opens its surgical activities in Vavuniya. In Batticaloa, surgery conditions improve with the renovation of the operating theatres and the burn victims ward in the surgical department. In 2000, 13,354 patients were admitted for surgery: 5000 operations were carried out, including 1,200 major operations (one out of five for war injuries). In January 2000, MSF re-opens its activities in Point Pedro. A further surgeon and anaesthetist are sent.

2001-2002
The effort put into improving working conditions and the case management of patients begin to show. In Batticaloa a pain management programme is set up for major burn victims and patients in post-operative care. Specialised surgeons (orthopaedic surgeons, plastic surgeons)

are sent on short-term missions. In 2001, of the 24,067 patients admitted to the three surgical wards of Batticaloa, Vavuniya and Point Pedro, 8,900 were operated, including 2.5% war wounded (far less than previous years).

2003
With the hope of lasting peace, the health facilities of the north and east of the island are functioning relatively well again. The war surgery programmes are no longer justified. Médecins Sans Frontières is closing its programmes and leaving the country.

War Timeline

- 1995
  Peace negotiations fail, LTTE renews bomb attacks. Army launch military offensive in the north: LTTE troops leave Jaffna.
- 1996
  Bomb explodes in Colombo. Nationwide state of emergency declared.
- 1997
  Major new military offensive against the LTTE.
- 1999
  Wounded in an attack, Chandrika Kumaratunga is re-elected president.
- 2000
  Tigers make new breacktrough.
- Décembre 2001
  New government.
- Février 2002
  Cease-fire signed, a pre-requisite for peace-negotiations. Norway acts as mediator.
- Septembre 2002
  1st round of negotiations in Thailand. Road and air liaisons are re-opened between Jaffna peninsula and the rest of Sri Lanka.
- Juin 2003
  Negotiations are due to be held in Japan as well as a meeting with donor countries for the reconstruction of Sri Lanka. LTTE boycott.

In the beginning, there was Trinco

After an initial evaluation mission in 1983 (which did not lead to an intervention), MSF first began working in Sri Lanka in 1987 with a surgical programme in the eastern town of Trincomalee.

Below are extracts from Messages Sans Frontières at the time.

MESSAGES NO. 4 - SEPTEMBER 1986

Françoise Body and Antoine Crouan recently went on an evaluation mission following the deteriorating situation in the northern and eastern areas of Sri Lanka.
The conflict has divided the two ethnic communities; the Singhalese (12 million) and the Tamils (3 million). Tamil guerrilla armies have been operating in the north and east of the country since 1982, demanding full independence for this part of the island: violent clashes have continued since.
MSF had sent a team to Sri Lanka in 1983 to evaluate the medical needs of a group of displaced Tamils in the north of the country. At the time, several Ceylonese organisations were providing assistance to the population there: MSF was not present.
The current situation means it is difficult for the civilian population to move about the country, isolating them. MSF has therefore sent an evaluation mission to the district of Trincomalee in eastern Sri Lanka.
Of the 250,000 inhabitants in this district, 50,000 are internally displaced people. Several villages have been destroyed both by resistance movements and by government forces. Like Jaffna and Batticaloa, the zone of Trincomalee is off limits to foreigners. Following our evaluation mission, the ministries of Health and Rehabilitation have offered to collaborate with us on an assistance programme for the displaced people around Tincomalee. A surgical team could work in the hospital and another team could work in the camps and isolated villages. The board has accepted this new programme and we have begun setting up a surgical team.

MESSAGES NO. 6 - 31 OCTOBER 1986

A new programme has just been opened in Sri Lanka. An evaluation mission was conducted in August 1986 in the north and eastern zones of the island where Tamil guerrilla forces are fighting government forces.
The minister of health has accepted a medical-surgical assistance programme for the displaced civilian population in the district of Tincomalee in the northeast of Sri Lanka.
The programme is currently being set up. Joaquim Miro and Anne-Françoise Basquin are heading the coordination team. A surgical team should soon join the first medical team. This surgical team will work in the district hospital, which is the only reference facility for the population of 250,000 people.
The violence is intensifying in this strategic region.

MESSAGES NO. 10 - FEBRUARY 1987

Médecins Sans Frontières is sending more volunteers. Nine people are now working permanently in the Trincomalee district. Alain Rouvillois has replaced the former coordinator Joaquim Miro. An ophthalmologist will soon join the surgical team. The conflict seems to have intensified over the past few weeks. We are currently looking at the possibility of setting up a mission in another district of Sri Lanka.

MESSAGES NO. 12 - APRIL 1987

On Friday 17 April, 10 km from Trincomalee in the northeast of the island, an armed group massacred 120 people and left around 50 injured. The Médecins Sans Frontières team operated on the injured for 48 hours non-stop.

PERSONAL MEMORIES

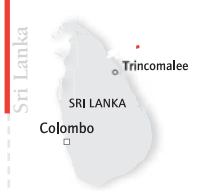
"I spent around a year in Trinco. The anaesthetists called it the 'Club Med' mission where they particularly enjoyed the 'anaesthetist's beach'.
Joking aside, a few days after I arrived two members of the house staff were arrested by the army in a morning raid after a public denunciation of Tamil supporters in the town centre. For several weeks I met with the military chief in the zone, asking to visit and talk to our arrested staff. I wanted to be sure they were not being treated badly and had not been deported to another camp. The day they were both released, the entire MSF house in Trinco celebrated.

That same year our ambulance was attacked by the army on the road to Madhu. The teams were very shaken and our programmes were disrupted. We remained on stand-by for about three weeks, turning things over in our minds and discussing our motivation behind working with MSF and at what point the risks become too great."

Ariane Betz, anaesthetist nurse in Trinco, and then Monaregala, from March 1991 to May 1992.

"I remember a bomb that exploded at the Trinco market in the middle of summer, 1989. It was devastating; the mutilated bodies, the injured taken to hospital. The horror… We were worried that some of the team might have been caught in the explosion."

Anne-Marie Gloaguen, nurse in Trinco from February to August 1989.



My best mission

Elisabeth Szumilin, now doctor with the medical department at headquarters in Paris, describes her second mission with MSF. It was in 1987-1988 in Trincomalee…

I have very good memories of Sri Lanka. It was my best mission.
Although hard to believe, for 15 months I got up at 5.30am every morning, to get the 6am boat. I don't think we (Gigi, the nurse and I) ever missed that boat. I suspect that the captain may have delayed the departure a bit if he didn't see us at six o'clock sharp half asleep at the front of the boat: what had become 'our' spot (inside the smell of diesel could make even a Parisian throw up).

As soon as the villagers realized that they could count on us at the time we had arranged, they used to come. Sometimes there were so many of them we could only treat the most urgent cases.
I was terrified that I may have to 'operate' in the jungle. In the evening, or at night, after work, we would go and help the surgical team 'hold the retractors'. I wanted to learn in case I came across an emergency in an isolated zone. The surgical team was great. I learnt a lot from them.
One day the Tigers attacked Trincomalee. My superiors forbade me to return! I still haven't forgiven them !!! So I ended up staying longer. As I was convinced that there were still many needs in the area, I set out on another evaluation mission, on a bicycle (because of the remote controlled mines. It was safe on a bicycle, unless someone really had it in for you). In the first village we visited, we urgently had to evacuate two children: one was suffering from severe de-hydration, the other had pneumonia with respiratory distress – all that on a bicycle … We finally re-started working, along the same lines as before.

MY LEAST PLEASANT SOUVENIRS?

One day I was unable to save a mother's fourth and last living son. He had attempted suicide by swallowing poison. I still ask myself today if I could have done more…. The anaesthetist was very supportive and spent a lot of time with me explaining that I had done everything possible.

After the army attacked a camp, the Tigers 'strongly encouraged' us to come and photograph the massacre: we saw only women, children and elderly Tamils burnt in their homes. We found ourselves in the middle of the attack on the camp. After several hours, when the fighting had finished, we came out of the house where we were hiding and tried to go into the camp to offer our help to any wounded military. They declined our help. But I still think that it was thanks to these 'small gestures' that we were authorized to access the zones outside government control and thus provide assistance to Tamil populations who had no access to health care because they did not dare approach the checkpoints.

WORKING ON BOTH SIDES

The neutrality of the teams I worked with is one of the reasons I have such good

memories of the mission. It meant that we were accepted and respected by both parties and thus able to work.

The neutrality was not a hoax. For me there was no difference between a Tamil patient and a Singhalese patient. I refused to learn either of the languages! It would have been seen as taking sides, or I would have had to learn both languages simultaneously!

To mark our neutrality, we also worked in Singhalese facilities and supplied them with drugs. Despite the fact that they had far fewer needs, I carried out consultations with them.
The army knew we supplied medication to the Tamils. I used to hand them to one person only, always the same: a second year medical student who had joined the Tigers. The young man was killed. One of our young civilian volunteers was also killed, and many others besides: the chief of the Singhalese military, who we were very fond of, was killed in a suicide attack in Colombo. He was curious about us, about our culture….

From top to buttom:
- Elisabeth Szumilin (doctor) and Master Léo (her translator) in consultation. Trincomalee district. 1987.
- Hospital ward.
- Queueing for consultations. Mobile clinics .Trincomalee. 1987.

Jaffna and Point Pedro, in the heart of the peninsula

Jaffna peninsula, home of the Tamil Tigers, lies off the north of Sri Lanka. Its former population of 1 million inhabitants has halved to 500,000 as a result of the conflict. The peninsula is linked to the rest of Sri Lanka by two bridges which were often closed during periods of fighting. As it was therefore rarely accessible by road, the MSF teams used to take the ICRC boat from Trincomalee. Army blockades compounded the difficulty of getting supplies to the peninsula. This isolated zone where Médecins Sans Frontières first set up a surgical programme in 1987 in Manthikai hospital, Point Pedro, was under constant tension. The difficulties encountered in providing assistance were numerous.

The population of Jaffna has been displaced many times and the peninsula's infrastructure, particularly the health facilities, have suffered from the escalating violence. The conflicts began between various Tamil movements from 1983 to 1992, then flared up between the LTTE and the Indian peacekeeping force between 1987 and 1990, and later shifted to the LTTE and the Sri Lankan army from 1990 until 2001. Nearly 160,000 people have been displaced within the zone during the various conflicts. The entire population has been isolated from the rest of the island with no possibility of leaving the peninsula by land.

A BLOODY SUMMER

From 1992 to October 1995, the Jaffna peninsula remained under LTTE control. In the summer of 1995, the army launched a major military operation called "bond en avant" to regain control of the peninsula. The town of Jaffna was the first to fall. Within a few weeks, hundreds of people died in the offensive, many of them civilians. The Sri Lankan army seemed to be trying to crush the Tamil army forces to force their leaders back to the negotiating table, rather than simply trying to conquer the LTTE stronghold. Sadly many civilians paid for the fighting with their lives. In September 1995, a flood of casualties arrived at the hospital in Point Pedro where the MSF team was working. Fourteen patients with serious injuries were admitted on 21 September. Among them, four children died from their injuries. The next day the situation deteriorated even more, and 25 more injured arrived, mostly women and children. Ten of them died, including six children under the age of ten. By 4 o'clock that afternoon, 150 children had been hospitalised after their school was bombed. Fifteen of them later died.

It was not until May 1996 that the army finally managed to take control of most of the island, forcing the Tigers to retreat. Jaffna hospital was partially destroyed in the battle of the town. It had been the second biggest university hospital in Sri Lanka with more than a thousand beds.
In June 1996, one year after the embargo that paralysed the population and its health facilities had been lifted, basic food, medicines and other medical equipment were still in short supply. The strict control held by the Ministry of Defence still made the delivery of supplies very difficult. Jaffna hospital was back in service with 600 beds, but most of the wards were still in need of specialist doctors. MSF stepped in at the request of the Sri Lankan Ministry of Health, and provided the human resources needed in general surgery, paediatrics and obstetrics-gynaecology.

A FRAGILE RECONSTRUCTION PROCESS

In 1997, the reconstruction process on the peninsula was under way and nearly 50,000 people were able to return to the region. MSF sent another surgeon and paediatrician to join its team in Jaffna hospital, and began reconstruction of part of the hospital despite the ongoing difficulties with supplies. But the Sri Lankan government soon found the money needed to make the public services function again. After ten years, MSF finally closed its surgery programmes in Jaffna and Point Pedro hospitals. MSF continued its paediatrics programme in Jaffna hospital, which had just restarted after the negative results of an evaluation of the premature infants and intensive care wards.

In January 1998, local elections were supposed to end military rule, paving the way for some kind of democracy. But this transition was soon compromised when the mayor of Jaffna was assassinated in May the same year. For the first three months of the year, the situation remained unstable, but the violence soon spiralled. From December 1999 the sector known as Elephant Pass was the scene of violent

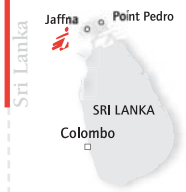
PERSONAL MEMORIES

Opening of Point Pedro

The escalating fighting on Jaffna peninsula in northern Sri Lanka has resulted in a massive and prolonged flood of casualties admitted to the hospitals of this region, as well as large displacements of population.
A medical-surgical team made up of 9 MSF volunteers (surgeons, doctors and nurses) left on 2 June. The government has officially authorised MSF to work in Point Pedro.
The various parties seem to welcome our presence.

Messages Sans Frontières, 12 June 1987

Jaffna & Point Pedro



clashes between the LTTE and the army. Given the threat of heavy fighting and large movements of troops, 150,000 civilians were left with no choice but to flee their homes. MSF reopened its surgery programme in Point Pedro hospital after the fighting began, sending a team and much needed emergency equipment. In Jaffna, the mobile paediatric clinics, which had been set up at the beginning of the month, were temporarily suspended during the fighting. The paediatrics ward at Jaffna hospital remained in operation, with a further paediatrician and mid-wife sent to join the staff already there.

TOWARDS LONG-LASTING PEACE

In 2001 the army decided to send the population in the conquered territories home. These precipitated forced displacements back to former zones of conflict resulted in many accidents caused by anti-personal land mines. The surgery department performed countless amputations of lower limbs. MSF began lobbying to stop the army forcing the population to return before proper mine clearance operations were performed.

At the time, the situation was unstable and gunfire was still daily occurrence. But the situation finally calmed, with no obvious fighting. It was not until December 2001 that the situation became noticeably more calm. The new government signed a ceasefire put forward by the LTTE, and this time the two parties respected the agreement. The following month, the government lifted the embargo on medical equipment and medicines. Goods, and more importantly people, were free to move about again. Supplies were also made possible in zones controlled by the LTTE. MSF was able to relaunch its mobile paediatric clinics from Jaffna in three areas of the peninsula: Kayts Island, Tellipalai and Chankanai. The end of the embargo on medical equipment enabled MSF to provide significantly more aid to the population.

The last programme MSF maintained on the peninsula was the epidemiological monitoring of the tens of thousands of displaced people living in unsafe health conditions in the camps of the region (in Tenmarachchi, east of Jaffna near Vadamarachchi, and in the Weligaman zone). Owing to the concentration of population in certain zones, a sentinel surveillance system of the various IDP sites was set up. Each week, the network of medical students went to the field to collect data in order to avoid the outbreak of epidemics. At the same time, the teams began looking into whether the people could be moved to safer areas, in collaboration with the hygiene services and other NGOs.
In February 2002, the new government and the LTTE signed a definitive ceasefire agreement, and the peace process began. In December that year, MSF was able to transfer most of its activities to the hospital's authorities. In 2003, MSF continued to provide a team of surgeons, as well as some drugs and medical equipment to the hospitals in Point Pedro and Jaffna, before leaving in May.

FACTS AND FIGURES

Jaffna Programme
Surgical, paediatric and obstetrics assistance

- Opened in March 1997
- Closed in March 2003
- Population covered: 500,000
- MSF staff 2002: 3 (2 paediatricians and 1 nurse)
- Local staff: 4
- University hospital in Jaffna: Total number of admissions in paediatrics in 2002: 7,950

Point Pedro Programme
Surgical Assistance

- Initially opened: 1987
- Temporary closure: 1997
- Reopened: 1999
- Population covered: 100,000
- MSF staff (2002): 4 (1 surgeon, 1 anaesthetist, 1 gynaecologist-obstetrician, 1 nurse)
- Local Staff: 3

Hell next to paradise

From top to buttom:

- Women waiting for their anti-natal consultations, Point Pedro hospital.
- Point Pedro hospital.
- Military checking the civilians paper at the Check-point near the hospital.

Maria Cartwright did two missions with MSF in Sri Lanka. Her first was in 1998 when she was field coordinator in Jaffna for ten months. Her second was in 1999 when she was medical coordinator for four months. Today, Maria is head of human resources for MSF Australia in Sydney. She remembers her first mission on the peninsula well.

In 1998, most of the Jaffna peninsula was under the control of government forces. But it was nevertheless impossible to get there by road because the Tamil Tigers held the northern part of the island. The only way to get there was by sea. We used to leave from Colombo by car to Trincomalee, where we took the ICRC boat. It was an epic journey: our departure depended on the intensity of the fighting on the peninsula and the sea conditions, and we had to travel 50 km from the coast to be out of reach of the firing. The journey to Kankesanturai (KKS) took 20 hours, and when we got to the port it was filled with boat that had been bombed – a clear sign that heavy fighting had taken place. Once we reached KKS, the journey still wasn't over because we had to take the road in a long convoy to the town of Jaffna. And security? I didn't realise how dangerous it was until I got there. As soon as the boat left, the soldiers searched everything, even the packets of tampons! We had a lot of trouble with certain medicines because the transport agreements depended on the Ministry of Defence. Once, when we wanted to take in ergometrine (to stop haemorrhaging), the authorities wouldn't let us because they didn't want the Tigers to use it to treat their war wounded. And we always had problems bringing in anaesthetics and analgesics.

The town of Jaffna was always unsafe. That was also where I had the most dangerous experience of my time in Sri Lanka. One day, we were near a civilian building where a big meeting was being held between the mayor and the military leaders. The Tigers exploded a bomb there. After the huge explosion, we went to the hospital to see if we could help. The United Nations told us two expatriates had been killed. We were devastated because all the expats knew each other. We searched for them throughout the hospital, even in the morgue.

When I got back to the emergency ward, I saw the strangest thing in my life. I can hardly find the words to describe it. There were bodies lying on the ground. Then we realised the two expatriates were in fact soldiers whose skin had been blown off and so they looked like white men. It was awful. On the other hand, one of my best memories was when we went to the islands west of Jaffna. It was the nicest evaluation mission I've ever done. After visiting the hospital in Kayts to see if everything was working well and to evaluate the needs of the hospital, we left for the islands where those seeking refuge in India stopped on their journey. The population seemed to be doing well and had decent access to treatment. And those coral islands, the white sand, the palm trees… it was like a post card. It was magnificent.

Almost getting used to peace

We had almost forgotten what it was like. The south of the island featured in the tourist catalogues again. But the tourists will not be able to reach the north or east of the country. Last spring, Tamil separatists broke the ceasefire sending the country back into another spital of violence. Then in July, army offensives halted the peace negotiations. The government concentrated all its forces to regain control of Jaffna, the capital of the Tiger rebellion.
During the military advance, the population of the peninsula gradually decreased as several thousands of people left in an exodus that was too well organised to have been spontaneous.

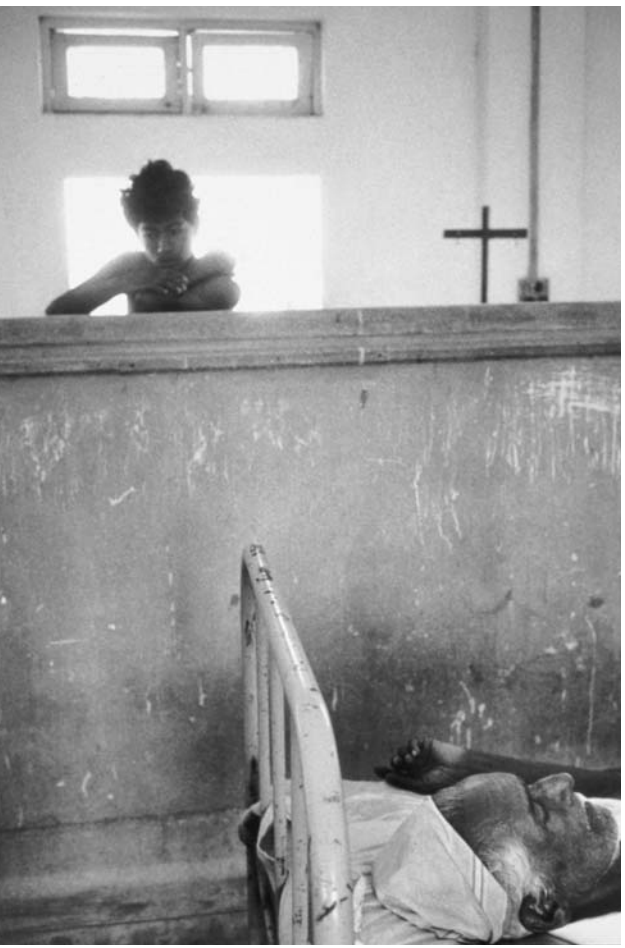
With no people left in Jaffna, the Singhalese army took control of a deserted town. The lion on the national flag now watches over a town abandoned by the Tigers. A military victory for one side, but a political victory for the other.

Every day from mid-October, thousands of boats crossed the lagoon separating the Jaffna peninsula from the rest of the country. The journey is free for some, others have to pay – it all depends on the "relationship" the family has with the Liberation Tamil Tigers of Eelam (LTTE) and with its "humanitarian" branch (TRO). Families leaving everything behind them except for a few bags or suitcases are offered a cup of tea or soup when they arrive. Transport is then organised to Kilinochi.

It is difficult for the various humanitarian organisations to evaluate the needs of the population. Out of the nearly 170,000 displaced people in the district of Kilinochi, 148,000 people are staying with family or friends, 22,000 in schools, public buildings and various temples.

Valérie Brouchoud,
field visit, communications department,
Messages, January 1996.

Batticaloa, trapped in the east



Batticaloa, or Batti as it is often called, was in the middle of an 'uncleared' area in eastern Sri Lanka. Already, 50km before the town, the military presence was clearly visible with ever frequent checkpoints on the road linking it to the rest of the island. Although the town, and the road that led to it, were controlled by the army, the surrounding area was in the hands of the Tamils. Frequent fighting made all travel and transport of goods extremely difficult. The entire zone was blocked: as a result thousands of people had no access to healthcare, the clinics were closed, and to get to the only hospital still running people had to obtain endless authorisations and then succeed in getting through the various military checkpoints.

MSF opened its programme in the hospital in 1987 and was the only foreign presence until 1989. Right from the start, our programme was essential in order to provide healthcare to the population, but also to speak out about the violation of humanitarian law. We first started working in the surgical wards as almost all the surgeons had fled the region: those that had remained were not able to cope with the influx of wounded during emergencies. MSF therefore provided the hospital with help, essentially surgeons and paediatricians.
In October 1990, given the escalating violence which isolated the populations around Batticaloa even more and prevented them from having access to healthcare, MSF decided to set up mobile teams. These teams had to overcome numerous security problems: apart from the medical assistance these teams provided in the isolated villages, our very presence was a comfort to these populations who could talk to us about their problems, express their fears. Our visits were therefore not only useful, we were also the only foreign witnesses there. It was only in 1997 that MSF increased its mobile teams, in close collaboration with the Ministry of Health.

TO IMPROVE THE QUALITY HEALTH CARE

For many years MSF focused on war and emergency surgery: however in recent years it has concentrated on improving the conditions in which surgery is performed. Since 1998, the objective has been to improve the hygiene and asepsis around surgery. The combination of MSF renovating the operating theatre in 1999 and the government renovating four or five surgical wards, has led to improved hygiene conditions. This work continued through 2000 and 2001 with hospital waste management activities. MSF has also worked with the nurses and doctors on the organisation of patient follow up. The improvement in surgery conditions meant MSF was able to send specialists (plastic surgeons, orthopaedic surgeons) for specific cases the teams could not operate, but that we could follow-up. We thus introduced hand surgery and in 2000 improved the case management of burn victims (of which there are many in Batticaloa). Sri Lanka has one to the highest suicide rates in the world, and self-immolation is frequent, leaving considerable sequelae. From the start, MSF began to improve the case management of the burn patients. In 2002 we helped burn victims with a pain management programme, plastic surgery and general case management.

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FACTS AND FIGURES

Batticaloa Programme

- Opened in 1987
- Closed in June 2003
- Population covered in the region: 500,000 people, (two thirds are Tamils, one third Muslim).

Batticaloa Hospital

- 600 beds, including 165 for surgery
- 13,354 admissions in 2000: 9,180 operations between September 2000 and September 2001, including 845 major surgery, 254 emergencies and 50 war victims.
- International staff : 4 permanent
- National staff: 11

Batticaloa hospital

In the heart of the bush

Despite the population's growing isolation caused by the fighting, MSF's mobile clinics treated around 400,000 people in the district of Batticaloa. Set up in 1990, the team made up of an expatriate doctor and nurse, a local doctor, a translator and a driver, travelled from village to village in both LTTE and army controlled areas. Checkpoint after checkpoint, negotiations after negotiations, incident after unexpected incident, made it extremely difficult for the teams to reach the population. But the accounts from these three women show the risk was worth it.

Adventures in the Batti bush

ELIZABETH BERGERON, NURSE IN CHARGE OF THE MOBILE CLINICS – BATTICALOA, SEPTEMBER 1990 TO MARCH 1991

"I have so many memories of the mobile clinics in Batti. Trying to build a good relationship with the Singhalese authorities, meeting with the head of the LTTE to remind him of the rules: no weapons allowed in the medical facilities, and no uniforms either, no pressure on the local staff, no misappropriation of medicines for training camps. Just basic diplomacy.
Deciding where to go, protecting the local staff, travelling daily from government controlled zones to LTTE controlled bush areas. Everyday we had to weigh up the risks. It was a huge responsibility.
Without my driver, my contact at the military base, the willingness and the intelligence of the doctors and nurses from the hospital, none of this would have been possible. I particularly remember three incidents:
- One day, all 25 years old that I was, I got really mad at the brigadier because there was no distribution of petrol that morning. I reminded him of the agreements and told him he had no right to stop us from treating people. To my surprise, he burst out laughing and gave me the petrol coupons we needed.
- Once a week, we went to the northern limit of the district more than two hours by road. We knew there was an LTTE training camp on the way. One day a soldier on the side of the road stopped us to ask if we could send a dentist to the camp. After the usual considerations, we were able to find a Burmese dentist willing to go. For once there were a surprising number of men in our consultation! At the end of the day, they were left with half a bucket full of teeth that had been pulled out.
- One morning I made a security call to check if the mobile clinics could go to the centre of the district. We were refused authorisation for military reasons; after waiting for three days, we were finally able to go in.

Up until 2003, MSF provided all the medication and equipment needed in the mobile clinics that travelled between over ten villages from the north to the south of the Batticaloa zone: Kattiravelly, Vakeneri, Pondukalchenai, Kithul, Thihliveddai, Kirumichchai, Kaddumurivu, Vakarai, Mathuramukulam, Ammanthanevelly.

TIME LINE

- **June 1990**
  LTTE controls the entire zone
- **1992**
  Government troops regain control of Batticaloa as well as the main towns and roads. The LTTE forces are entrenched in the jungle
- **April 1995**
  Renewed fighting – permanent tension in the zone of Batticaloa
- **1996 – 1997**
  Military operations in the region of Vanni (in the West) have repercussions in the east. Security incidents increase.
- **End of 1998**
  Regular attacks and fighting in the town. Waves of wounded arrive in the hospital.
- **October 1999**
  The military authorities limit the mobile clinics; access to the populations in LTTE zones is impossible.
- **December 1999**
  The mobile clinics start working again. The coastal towns are very unstable switching back and forth under government and LTTE control.
- **2000**
  Particularly violent year. Bombs kill or injure civilians, regularly shooting. Frequent

Batticaloa

We were taken to an IDP camp which had been burned to the ground and deserted. A vision of disaster!"

CATHERINE BRUNN, DOCTOR IN THE MOBILE CLINICS FROM DECEMBER 2000 TO MAY 2001

"One afternoon on the way back a man stopped us to help a women giving birth. It was around 4 o'clock in the afternoon. There I was in the middle of a rural area with my emergency kit wondering what catastrophe I was heading for.
The women had given birth at 5 o'clock in the morning, but the placenta still hadn't come out.
I knelt down in the darkness of the hut to take the women's pulse and blood pressure: it was her ninth child. Her blood pressure was 8.5, pulse 130/ minute. It wasn't great, but the bleeding seemed to have stopped. The nurse put her on a drip and her blood pressure came back to around 10.
When I got closer, I heard the sound of a baby. I separated the woman's legs and lifted up her skirt. To my surprise, I saw a little baby on the ground with the umbilical cord still attached. I said to myself, if this young girl is strong enough to spend more than 11 hours on the ground still attached to her mother, she is going to have a long life. She was a lovely baby. I cut the umbilical cord and held the baby in my arms. "Tankatchi" I told them, which means "girl". After finding a clean cloth, I handed the girl to her grandmother.

All this time, Simon, my translator had been giving instructions on how to make a stretcher. The men gathered two poles, the cloth from the fertiliser bags, and a pillow, and that was that.

We walked back through the huts and ricefields and got into the 4X4. We more or less managed to lie our new patient down alongside the two other mothers and children already in the vehicle, as well as Simon, Pascaran and Norbert. The grandmother wanted to come too. I tried in vain to convince her to stay, but she had already been pushed into the car by the rest of the family and friends that had gathered around. In the end I was glad she came because she would have taken care of the baby if anything had happened to the mother.
We were off, driving slowly to avoid the bumps in the road. At 7:30 that evening we arrived and I cried out "Batti!" triumphantly. The patient was transferred to the operating theatre.
She pulled through in the end, and was able to go back to her (very large) family. The people in the region where we worked had no access to treatment. No medicines, no nurses, just a few rare volunteers trained in first aid doing what they could. The nearest hospital was sometimes a one-hour drive away, but most of them only had bikes – sometimes, the most well-off, had a tractor or a motorbike."

REBECCA SOUTH, DOCTOR, RECALLS IN HER MISSION FOR SEVEN MONTHS IN BATTICALOA IN 1998.

"We often had minor incidents at check points". The soldiers had to search the car and we had to negotiate with them to get through. Sometimes we did this over a cup of tea: they would get bored, so a nice young white girl was something of a curiosity for them. After that, they would let us go on with our journey. A bit further down the road, we would cross into Tiger controlled territory and again had to negotiate our way through. We let both sides know a month in advance which roads we would take, and we stuck to our plan so that they would both know where we were.

The Sri Lankan army had control of the town and the road that went along the northern coast, but the rest of the zone was controlled by the Tamil rebels.

In charge of the mobile clinics, I used to travel along the coast in a minibus visiting the various villages and treating people along the way. The zone was vast and many thousands of people lived there. For these people, the mobile clinic was often their only access to healthcare.

We saw a lot of cases of malaria and diarrhoea, some of whom died from their illnesses. We were scared that cholera would break out, but in the end it never did. There were also cases of traumatism, some of them war-related. Occasionally we saw some rarer cases such as leprosy. We held consultations, gave out drugs and, whenever possible, brought people back to the hospital if needed. Safety was always a problem. Although I never feared for my life, dangerous incidents often occurred. Once we were woken up by an attack on a

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TIME LINE

attacks in the surrounding areas.

- Beginning of 2001
  The situation is still tense; bombs and mines regularly explode… Families try to send their children away from the region of Batticaloa to avoid the LTTE recruiting them.
- End of 2001 and the beginning of 2002
  Daily shootings and the situation remains fragile, but the cease-fire and the lifting of the embargo unblocks the situation.

- 2003
  The entire zone is open and the population can move around freely.

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police station a little further down the road. Another time, we were in the small clinic further north along the coast and a ship began bombing 100 metres from where we were. We had told the army in advance that we would be there, but they simply replied the ship knew nothing about it. It was probably the most frightening moment in my life. We got back in the car and left as quickly as possible".

AMALATHAS STANISLAUS
TRANSLATOR, BATTICALOA

"When I joined M.S.F in 1993 there were only two mobile services. At that time, the Batticaloa district was divided into two sections : the first named "cleared" was under the control of armed forced and the second named "uncleared" under the control of the L.T.T.E. The only NGO that rendered medical services to the people in those remote areas of Batticaloa was MSF. M.S.F also took in charge the children's ward at the general hospital Batticaloa and provided a doctor for the smooth functioning of the above ward.

When Isabelle was the co-coordinator, M.S.F extended its services to Mutur in the Trincomalee district.

Renovation and waste management activities have been an important part of Batticaloa programme over last few years.

To photo:
- an operating theatre in Batticaloa before renovation.
middle and buttom photos:
- two stages in the construction of the de Monfort *waste incinerator which is now used on many MSF missions.*

When she went on vacation to Pottuvil, she was shot at by an unknown person. That was the first time an M.S.F sustained gun injury.

Later Catherine was appointed co-coordinator of M.S.F. One day, while M.S.F was engaged in rendering medical service, to the people of Kathiraveli, several people of the nearby village Vakarai were injured due to the shelling and firing undertaken by the armed forces. M.S.F came to the rescue of these injured people, rendered them first aid and transported them to the general hospital of Batticaloa.
When Yradj was the co-coordinator, a shell fell a short distance away from the M.S.F vehicle and exploded, on its way back from a clinic in Pondukalchenai, but fortunately no one was injured.
Mari, a doctor from Japan, was assisted for the first time by a local doctor. M.S.F continued to extend its services by organizing dental and eye clinics in several difficult areas and many people benefited.
During the latter part of 2002, the M.S.F coordinator Christine paid special attention to the care of children and appointed a private nurse to look after them. Miss Claire, who succeeded Miss Christine as a co-coordinator, paid special attention to the problem of malnutrition and health care of children."

KANDIAH SIVASHANMUGARAJAH
WATCHMAN DURING TEN YEARS IN BATTICALOA

"In May 1996, one of our mobile clinic cars ("mobile 9") went to the clinic with our

coordinator, one Catherine, to a location called Kankachiweddai. On their way back to the base, they heard firing noise and they did not know what was happening. The coordinator called me over the radio and asked me to contact the 232 Brigade.

When I received the message no expatriate was in the house. I contacted the 232 Brigade immediately and informed them that our vehicle was on its way back to the base. The Brigade told me that at the place called Vellaneli the LTTE and the army were firing at each other. I passed the message to the army personnel to stop the fire for 10 minutes and let our vehicle pass that place very quickly. Then I informed our car by radio and they came back to the base in half hour unharmed. I'll never forget this.
One time, the hospital authorities was unable to supply water to us. With the coordina-

tor's permission, I went to the Divisional Secretariat where I met the accountant and asked him to supply us water twice a week. He gave a written order to the officer in charge to supply water for MSF free of charge.

Finally, I can tell that after MSF is leaving Batticaloa, the people living in remote areas and suffering will be unable to get proper treatment. The surgical wards in Batticaloa hospital will face the same problem.
But I thank MSF for the good job in Batticaloa."

SIMON JESUTHASAN
TRANSLATOR, BATTICALOA

"In 1999, Mobile 5, got stuck in the mud on its way to Thihiliweddai. A vehicle was called from Batticaloa and towed it back.
In December 1999, we were doing our clinic at Kaddumurivu. Then there was a SLA camp at Kaddumurivu. As we had not informed them of our arrival at the site, the SLA rounded us up. The mobile doctor had to face them.

In 2000, we were doing our clinic at Vakarai, when suddenly a confrontation began between the LTTE and the SLA. We had to pack our things and leave the site.
In 2000 too, our team was travelling near Paddipalai, when a landmine blasted. We had fearful times.

In 2002 we were returning from Vakarai. Mobile 18 broke down at Mankerny. A vehicle had to come from Batticaloa for repairs.

In many occasions expecting mothers were brought to the hospital and three deliveries took place in the MSF vehicle.
Many children were brought to the hospital in critical condition. One from Pondukalchenai, one from Vahaneri and one from Thihiliveddai passed away on the way.

On Hartal days we saw many tyres and logs burning on the roads. We had to drive on other roads and come back to Batticaloa.

In the end, we have saved many lives by bringing people to hospital."

Pain management

Despite the willingness of the teams right from the start, it was extremely difficult to set up pain management activities.
In June 2001, the MSF team in Batticaloa organised a conference on pain for all the doctors in the hospital. In October an evaluation was carried out on the wards that showed that pain management was very insufficient: the drugs used were inadequate and the medical and para-medical staff had little training on the problems of pain.
In November 2001 the nurses on the surgical wards were trained to better evaluate the patients' pain and new drugs were introduced.
At the request of the team, a specific programme was set up. In October 2002, a team (composed of a specialised doctor and nurse) gave the personnel the means required to improve pain management.
Protocols were drawn up detailing the use of simple, more appropriate, analgesics as well as tools to measure pain. The medical and paramedical personnel were trained and after six months modest improvements have been achieved with the beginning of change in prescriptions habits and the personnel's attitude towards the patients. We hope things will improve further still.

Self immolation

FIGURES

- 345 burn victims were admitted between June 1999 and July 2001
- 64% were accidents
- 25% were suicide attempts
- 78.5% were Tamil victims
- 19% were Muslim
- Average age: 21 (17 for accidents, 29 for suicides)
- Patients with burns to more than 50% of the body die
- 27% of patients admitted died; for attempted suicide, the rate was 71%

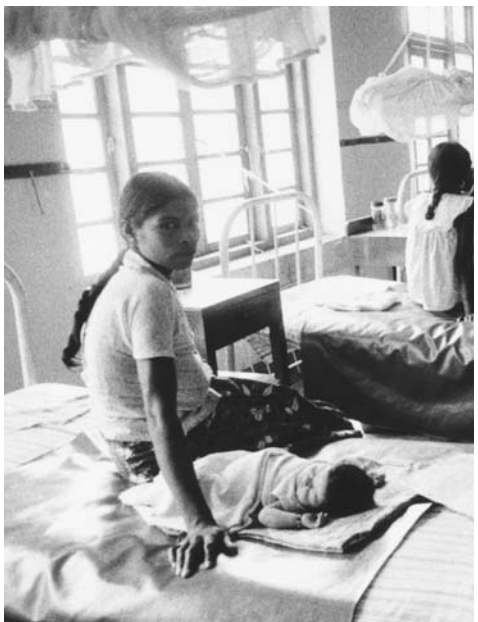
The suicide rate in Sri Lanka is one of the highest in the world. In an attempt to explain this phenomenon, the psychiatrist from the Batticaloa hospital suggested suicide was part of the nation's characteristics. He describes suicide as an "inability to resolve problems", suggesting that most of the population are unable to solve everyday problems.

MSF has begun treating a growing number of burn victims in the Batticaloa hospital, including an alarming number of female suicides.

Since MSF arrived in 1987, the problem of burn victims had not been properly dealt with until relatively recently. A study conducted by Véronique Laloe, head surgeon at the hospital, showed that between July 1999 and June 2001, 345 patients had been hospitalised for burns. Of these, 64% were caused by accidents, 25% were self-inflicted, and the rest were caused in attacks on the victim or by unknown causes. Women made up a large part of all these categories, except those caused by criminal attacks.

NOT ENOUGH CARE AVAILABLE

"This has become a serious problem because on average the burns cover 25% of the victim's body, and 49% in suicide attempts", Veronique explained. "These patients are often neglected by busy staff owing to the difficult nature of the nurses' work. The work is also very demoralising for the staff because one out of every four victims dies from their wounds. Over the past few years, burns have proved more deadly than the war itself."

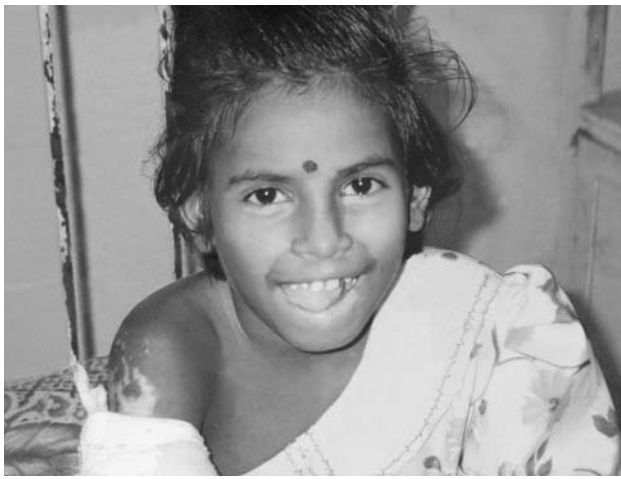


To make matters worse, the only burn treatment facility is in the country's capital Colombo, an 8-hour drive away. "We simply cannot transfer patients in critical condition," Véronique continued, "because they need to be on a drip, which requires massive amounts of liquid. This is impossible to provide in the under-equipped ambulance we would have to take."

The horrifying hospitalisation conditions of these patients can no longer be ignored. Nor can we remain insensitive to the immense physical and mental suffering as well as the stigma they will carry with them for the rest of their lives. We also need to acknowledge the effects the victims' injuries have on the teams. We have worked closely with the teams from the Ministry of Health to try to provide better and more humane care to these victims who suffer the additional burden of being treated with distance by the hospital staff, particularly the many cases of attempted suicide.

TREATING THE PATIENTS WITH MORE DIGNITY

Discussion groups with the staff were set up with the help of the hospital's psychiatric ward. They worked with the nurses in the surgical ward by asking them questions, offering counselling, and talking about suicide to help them to de-stigmatise the problem. "Under the pretext of isolating the patients to avoid secondary infections, they were kept out of sight far away from human contact," Véronique explained. Treating these patients can pose many problems as there are various factors involved. We have been able to increase our capacity to treat burn victims by making structural improvements to the hospital ward, by closely working with the nurses, improving patient nutrition, reducing pain and offering physiotherapy.



With the help of the psychiatric ward, the patients were able to talk to an MSF member on a daily basis, and the efforts of the plastic surgeons have helped to reduce the scarring. We can confidently say that the team has managed to provide better care for burn victims in the hospital, and has removed the stigma associated with the suicide cases.

Vavuniya, a strategic town

Vavuniya, a few kilometres from the front line, is a large Tamil town in a government controlled area in northern Sri Lanka. Under military administration, (never under Tamil control) the town was under constant tension throughout the conflict. The different neighbourhoods were controlled by various Tamil militias, either pro or anti LTTE: and there was considerable contraband with the north of the country. In April 1995 the fighting intensified and MSF opened a programme in Vavuniya hospital where there was a lack of surgeons.

April 1995. Hostilities between the LTTE and the government of Sri Lanka recommenced. Up until then, 400,000 people living in the Tiger controlled zone north of the front line between Kilinochchi, Mannar, Mullaitivu and Vavuniya had no access to surgery. When lucky, Tamils were transferred to Anuradhapura, 60km south of the front line, in a Singhalese zone. However many Tamils were apprehensive about going into this zone, and the post-operative care did not seem to be as good for Tamils as for Singhalese.

On request from the ministry of health, MSF sent a team of three, a surgeon an anaesthetist and a nurse, to cover the emergency surgery in Vavuniya hospital. This activity covered all the civilian population, both Tamil and Singhalese, in the regions of Vavuniya and Vanni (north of the front line). MSF therefore also ensured the transfer of patients to the hospital from this isolated Tamil region or from 'uncleared' areas, so that everyone could have access to quality healthcare.

AN IMPORTANT PIVOT FOR LOGISTIC

Besides the surgical activity and the follow-up of quality pre and post operative care, the teams also referred patients to other departments e.g. neurology, paediatrics or obstetrics.

Vavuniya was also a strategic logistics position for MSF: the town was a pivot for material and drugs between Colombo and Madhu on the other side of the front line. It was here that the transport of all the materials by convoy to Tamil held zones was negotiated.

After four years in Vavuniya, MSF closed its surgical activities in January 1999. The decision was justified by the fact that the front line had moved further north and consequently the number of operations had decreased. However in November 1999, MSF re-positioned a surgical team in Vavuniya hospital: the Tigers were at the doors of the city (the LTTE had asked the population to evacuate), the combats intensified and the number of wounded increased dramatically – however there was no national surgeon posted in the hospital. This new mission, which was at first to last one year given the instability of the zone, finally lasted until September 2002 when the surgical activities were handed over to a Sri Lankan surgeon.
Meanwhile in March 2000, on the recommendation of a surgeon and a logistician,

MSF started activities to improve the hygiene and asepsis around surgery, as well as the triage and incineration of waste. A Monfort incinerator was built in Vavuniya and raised considerable interest from the Sri Lankan health authorities. This type of incinerator was also built in Point Pedro, Mannar and Batticaloa. In December 2000, these activities, particularly those concerning waste incineration, were handed over to the hospital staff. A few months later, in March 2003, the mission closed in doors definitively.

FACTS AND FIGURES

Vavuniya programme

- Surgery, hygiene and renovation of operating theatre
- Mission opened: April 1995
- Closed definitively: March 2003
- Population covered: approx 150,000 people in 2001/2002

Vavunya hospital

- Approx. 250 beds, including 55 surgical
- 2002: 16,500 admissions and 2,400 operations
- 20% of surgical admissions came from 'uncleared' zones
- International staff (2002): 3 permanent and 3 for short term technical support
- National staff: 6

When the Bombs Fell on Notre Dame de Madhu

Madhu is not just any town-the Virgin Mary is said to have appeared here. This Christian sanctuary, located in the Mannar district on Sri Lanka' northwest coast, became an important site for religious pilgrims. When war broke out, the sacred place became a refuge for tens of thousands of civilians and was quickly transformed into a displaced persons' camp. Thanks to the infrastructure established for the pilgrims (including a church-sponsored clinic, a water distribution system, grounds for setting up tents and temporary shelters), all elements were in place to ensure that a health disaster would not break out. The only problem was that there were no running public health facilities and no medical workers.

This was the context in which Médecins Sans Frontières opened an assistance program in 1990 for displaced populations in the sanctuary town of Madhu. It was the first program to be set up in the area under the control of the Sri Lankan rebels, the Liberation Tigers of Tamil Eelam (LTTE, or Tamil Tigers), just behind the front line.

EVER GROWING NEEDS

Throughout the civil war, the Mannar district experienced repeated offensives and counter-offensives. As the theater of many battles, it also experienced major population movements and, as a result, growing humanitarian needs. In 1987, MSF began working in the region and set up surgical and obstetrics programs in the Mannar hospital. In 1998, MSF came to the aid of populations who had taken refuge in India and were returning to Sri Lanka.

Finally, in 1990, mobile clinics — initially based in Mannar and, then in Madhu — made it possible to provide medical assistance to all the region's isolated populations, with an emphasis on maternal-infant care and childhood vaccinations. The MSF teams worked together in the little Madhu church hospital, offering the surrounding populations high-quality, comprehensive care. It was not until 1995 that teams set up an ambulance system to transport the most seriously ill patients to the reference hospital in Vavuniya, in the government-held zone. If they were unable to reach Vavuniya, they went to the Kilinocchi hospital (before it was bombed). Beginning in 1997, the teams took also patients to the Mallavi hospital in the heart of the Tigers' Vanni region, where MSF Holland had been operating a surgery mission. Facing major transport and travel problems, the teams found it difficult to provide humanitarian aid. Patient transfer sometimes took up to four hours, rather than the 1 1/2 hours typically required for the trip. Supplying the entire area—and particularly Madhu—with medicines and medical supplies became very difficult because the Sri Lankan defense ministry had imposed an embargo and lengthy waiting periods. "We often waited weeks for authorization to bring in our supplies and medicines," recalled Nicolas Beaudoin, a logistician in 1996-97. "As soon as we got them, the soldier in Vavuniya had to inspect everything before

Madhu was thought to be safe, but it was nevertheless bombarded, resolting large number of civilians casualties.

PERSONAL MEMORIES

"In November 1999, the Tigers launched offensives in all directions. The Vavuniya mission opened the same day that the Madhu church was bombed. Véronique, the Batticaloa surgeon, arrived in the morning and that night she was faced with 60 wounded people! We decided to open Vavuniya. After the Madhu events, the teams tried to return get back there. At that point, the sanctuary was closed off to all humanitarian aid. The team left in two cars. When they reached the checkpoint, they "forced" their way through, insisting that they must be able to see the population and what was happening. They managed to get through but they couldn't get back. They knew they would face that risk. There was no way to make a U-turn and go back the other way--or to buy anything to eat. Their cars were full of medicine but they didn't have a toothbrush among them and barely an MSF T-shirt. They remained blocked there for three weeks. They worked hard, of course. They ate whatever the displaced people in Madhu gave them and slept alongside them."

Guillermo Bertoletti, program manager, Paris, 1997-2001

Madhu

we could leave for the military post at the front line, just ahead of the two kilometer (one mile) no-man's land separating us from Madhu. We could not transport more material than stipulated in the authorization and our lists had to specify contents down to the number of rolls of toilet paper. Some drugs, like pain medication or anesthetics, were simply forbidden while other items--like batteries with which the LTTE could manufacture bomb detonators!--were very restricted."

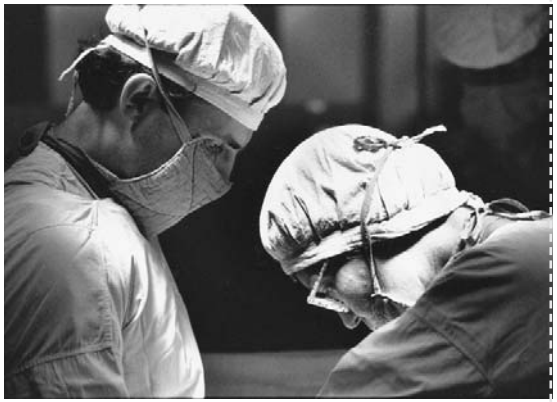
FROM RESTRICTION TO TOTAL SUSPENSION OF OUR ACTIVITES

MSF continued its activities until 1999. The Madhu clinic became the only referral center in the sector. The mobile clinics and the system for transporting patients to nearby hospitals operated very smoothly. In late March 1999, the army retook control of Madhu. Access to areas under LTTE control, where MSF's mobile clinics circulated, became increasingly difficult, restricting the teams' travel and the sites visited. Nonetheless, the Madhu clinic continued to provide medical care to the population. Beginning of April 1999, military restrictions limited the mobile clinic team's access to the Palampidy displaced persons' camp. The ambulance service operated as a patient transfer service and also transported Madhu's cholera treatment kits. In June 1999, when the entire Madhu population was evacuated, MSF decided to suspend its clinic work and supplied the local staff with emergency stocks. The ambulance transport system was also halted. Mobile clinic service to Palampidy, the only remaining site served, was maintained from the Murunkan hospital, where MSF had opened a clinic program in early 1999.

THE ATTACK ON THE MADHU CHURCH

In November 1999, fighting intensified in the region, leading to major population displacements as people sought refuge in Madhu. A tragic event occurred during a battle for the control of Madhu between the Tamil Tigers and the Sri Lankan army. At 11 p.m. on November 20, the Madhu church was bombed four times. It was unclear which side was responsible for the attack. The Madhu church sheltered around 3,000 people. Thirty-eight people died in the bombing, including 13 children. Six other people died of their injuries while being transported to the Vavuniya hospital or after admission. In the end, 44 people were killed and dozens of others wounded during the blood bath. The MSF surgical team admitted 68 patients to the Vavuniya hospital on the night of November 20. Fifty-one women and children were among them. On November 23, the LTTE retook control of Madhu.

Several weeks later on December 10, the day MSF received the Nobel Peace Prize, the teams in Columbo took advantage of the event to denounce the use of antipersonnel mines and methods of warfare that threatened civilians. The teams issued an official request to government and LTTE authorities to halt attacks on civilians and allow humanitarian aid workers free access to the



region. "Under the terms of international humanitarian law, the parties to conflicts must not directly attack civilians or their property. The bombing of the Madhu church, known to civilians as a 'safe haven,' was an obvious violation of that law," the MSF press release announced. Three days later, the team received authorization to resume its work in the region and the warring parties agreed to establish Madhu as a demilitarized and safe zone. MSF resumed its activities, providing support to the health center, mobile clinics and ambulance transport. The team also brought assistance to the people of Tatchanamadhu and other sites. After the ceasefire signed between the LTTE and the Sri Lankan government in February 2002, the embargo ended and two access points were opened to the LTTE zone from Mannar district. Little by little, the displaced people who had taken refuge in Madhu returned to their villages. MSF shifted its activities, emphasizing mobile clinics so that it could be closer to the populations returning to villages. These clinics allowed the teams to reach around 18,000 people, while the Madhu health center met the needs of some 25,000.

FACTS AND FIGURES

- **1987**
  Surgery and obstetrics in the Mannar hospital
- **June 1990**
  Mobile clinics based in Mannar cover the Madhu region
- **Late1990**
  Support to the Madhu hospital, mobile clinics and ambulance transfers
- **June 1999**
  Madhu activities suspended
- **March 1999**
  Support to Murunkan hospital and mobile clinics.
- **November 1999**
  Reopening of the Madhu mission; same activities resume.
- **February 2000**
  Mobile clinics added.
- **March 2003**
  MSF ends activities in the region.

Farewell Tributes

We will never repeat if enough : without the Sri Lankans, Médecins Sans Frontières' missions would not have been possible. Now that the time has come to close down our last programmes many of them are heavy-hearted, as are the expatriate volunteers. Many of the national staff have been working with MSF since we opened in Sri Lankan. With unfaltering patience and motivation they have seen hundreds of volunteers go by. Here are a few tributes some of them would like to pay to the association, and some we would like to send them …

BY RECILDA DALIMA, EX-FIELD COORDINATOR, VAVUNIYA

"For the past 16 years, I have been working with MSF France. Sweet, sad, remarkable memories make me recollect the past and wish to share it with you. I hope the following few lines will make you happy while remembering the story of MSF France in Mannar, Madhu and Vavuniya.

In May 1988, I joined MSF France as a health worker. Only now I realize how remarkable a day it was: since then, MSF has offered me various skills, up to that of a field coordinator, for which I offer my sincere thanks.

After a while as a health worker, I was selected to become translator for the physician. I started my work at Dalai Mannar, said to be my birth place, which is as well the part where Sri Lankan refugees from India came back to the island. MSF France then had to switch over to mainland of Mannar District, following the request of UNHCR and the Ministry of Health. Latter on, we received information saying that people are evacuating and piling at Madhu Church, due to safety reasons, so we went to visit the Madhu shrine. We were well received by the authorities. After our visit we decided to call the place the Madhu Camp, and MSF France continued its service there.

The MSF Madhu mission was very popular among the public. At that time I, too, had the opportunity to serve the public as well as the expatriate as a translator. While I enjoyed my work, day by day the number of the patients was increasing. The Madhu health unit became a true hospital, with special care given to the maternity section, thus enabling the hospital to meet out any emergencies other than surgical.

From my point of view, the meaning in French of Médecins Sans Frontières - and its English translation "doctors without borders" - is true. Doctors who work with MSF do so without restricting the humanitarian services rendered to the Tamil community. The Tamil people who took shelter as refugees at Madhu Camp were the luckiest people in the Vanni region, as far as the medical service is concerned. Since I also belong to the Tamil community, on behalf of it I should express my sincere thanks, but I couldn't find the best words do so.

Once a team was on a journey, one Sri Lankan army (SLA) helicopter shot at the car. Immediately they got out of the vehicle and waved the white MSF T-shirt to stop the shooting, but the SLA didn't do so. They were injured and with the help of an ICRC representative, they were taken to Colombo hospital by a special plane. One special delegate visited Sri Lanka for that reason. His name is Oliver. The first thing that he did was to see the driver and only after that he met the other expatriate injured. This clearly shows their care for the national staff.

As time passed and people in were returning to their respective places, we set up mobile clinics. I worked as a translator and help nurse. In 1996 MSF hired more staff and gave them proper training in nursing and brought an expatriate nursing trainer who conducted practical classes and examinations. Now these persons are employed in the government medical services, have a job security and are praising MSF Apart from the medical services, MSF offered some humanitarian valuable services to the national staff. I can give several examples like that. For everything there is an end.

In 1999 November SLA captured Madhu shrine and surrounding area without any opponent activities, because all felt Madhu was a pilgrimage place and had accommodated thousands and thousands of refugees. As soon as the SLA captured Madhu, they started to forcibly send back the people to their respective villages, under the cover of rehabilitation. By July 1999, Madhu camp had become Madhu Shrine again, and MSF had to leave Madhu, but started their activities in Murunkan.

On request of the health ministry, MSF extended the service of an expatriate surgeon to Vavuniya Hospital since 1995 till December 2002. Vavuniya office played a major role in supplying the necessary supplies to Madhu and Murunkan. From Madhu 2 normal transfers and other emergency transfers were conducted and a return journey for patient to Madhu after treatment, while filling in all the documents needed for permission and pass from SLA authorities.

Since 1988 to 2002 it was not an easy task to pass checkpoints, but MSF took the responsibility of taking the patients with relevant documents on either way providing transport in their own vehicle (when there is a need) all at the risk of MSF I couldn't find words to praise MSF for this task. I think no other voluntary organization would have rendered such a service to the people.

In Madhu, the simplicity of the expatriate physicians played a high ethical role, mingling with the refugees and respecting their culture. A quality service at the appropriate time to serve the needy is the goal of MSF, which they achieved in Madhu.

I was in Murunkan till November 1999, when I was transferred to the Vavuniya office. From then till the 31st March 2003 I had the pleasure to work on the following positions at MSF: health worker ; translator ; help nurse ; pharmacist ; radio operator ; transfer manager ; assistant administrator ; and finally field coordinator.

During the 16 years I walked through or jumped over several stages due to MSF and its executive at the local and higher level. I am proud to state that I have spent over 25% of my life with MSF I had gained knowledge from various aspects and with that I could comment the following for future mission work.

1. Before making a decision try to contact several national staff individually and get the opinion that may give you a correct path to walk on or may rectify you.
2. Logistical side: more attention to be paid to the purchasing part; proper records to be kept as far as the vehicle fuel and its distance covered are concerned.

I will be failing my duties if I do not mention at least a few among the ones I met. Dr. Peter Noel is a doctor who selected me into MSF France. He was the first person to give me a reference letter. Sabine who is a nurse and Sologne, the same. It was a pleasure to work with them. Marie is a Medical doctor. These three and my self are thick pals.

Then Dr. Corinne showed and tought me how to be active during an emergency time. Dr. Mew, an American Doctor: he has a power to predict the disease prior to the consultation. Florence, midwife who took two contracts for 16 months at Madhu. Dr. Rahul from the Philippines. Patients loved him so much. Veronique a short time visitor. Then came Dr. Richard, a Mexican. I studied a lot from him. Then I think about the head of mission: Guillermo, serving at present as an executive at the international head quarters, Paris. Next came Gabriel who tried to understand others' difficulties, Manana the Medical Coordinator, with her we can discuss any

Anne-Marie Gloaguen, nurse in Trinco from February to August 1989.

I would like to pay particular tribute to Shitra, the OT nurse in Trinco. She was so interested and attached to MSF that she came to France in 1991 as a political refugee, rather than to England where here family was. It was a piece of the Sri Lankan adventure that continued.

She is now married and lives in London since 2002.

Guillermo Bertoletti

As doctor in Batticaloa in 1992, head of mission in Colombo from 1996-1997 and finally programme manager in Paris from 1997-2001, I have many, many memories of Sri Lanka. As I am afraid of leaving someone out, I prefer not to mention any names – but prefer to thank everyone. I would like to pay tribute to all the national staff, to thank them for their precious collaboration, patience and kindness. I hope I will be able to go the MSF leaving party at the end of June and go over the good and the bad times together.

Best of luck to all.

Poetry done by MSF Colombo security guard – Anthony

Good Bye MSF

Time has come for us
to say good-bye.
To leave behind
the dearest part of life.
Away from MSF
shade work and hardness
To faraway place…

It grieves us to bid you
good-bye
To leave behind our soul
Knowing that MSF is very
breadth each spadework
Keep us alive…

We shall miss you oh!,
so much
Look into our eyes and you
will see you in them
Look into yours and we see
the depth of your love
Boundless as the blue
ocean
Steady as the sunrise

Farewell my endless
farewell…

important matters at any hour. Now it is time to think about my residence, Vavuniya MSF France office. Pascale, Estelle, Luca, it is easy to write these names. But its impossible to erase from my heart Yves and Oana both life partners and administrative partners, Head of the mission and Administrator respectively. It is only two years I served under them, their soft corners towards the employee are always fragrantly of fresh smelling flowers, if there is anything to be rectified even they politely infuse the matter so as the employee listen and obey, there are days I would have contacted them over the telephone more than four or five times but I hear the sweet voices, now I render my sincere thanks to this couple.

I am also duty to thank Pascale Noterdaeme, as Medical Coordinator, I really love her for her way of approach. Likewise if I look into the administrator and field aspect I believe about 90% of the visiting expatriates has rendered their dedication towards the Tamil community.
If you look into a just blooming gladiola flower you will be able to see several buds on the one and the same stalk. But all don't bloom at once, only two or three buds will bloom, while the blooming process is on one or two buds may get spoiled one from the stalk. However flower continues to bloom until the last bud blooms, this is MSF one or two with different attitudes but on whole MSF had served the community by large and rich. Also endorse the fact that no other organization would have reached or gained the highest honor what the people are having in MSF France.
I, Recilda Dalima, loved, love, and will always love MSF France. Now over to my conclusion. I take this opportunity to thank each and every one either expatriates or national staff, in a small way or big way for their cooperation rendered towards me in all aspect also thanking the competent authorities for giving permission to frame these few lines, I know very well your service is needed badly by other people somewhere in another part of he world. You have to move and it is time. I am awaiting a chance to meet my old colleagues in any part of the world at any time. Let god help me for this.
Bye,"

A. THEAGALINGAM
DOCTOR WITH THE MOBILE TEAMS IN BATTICALOA.

"I arrived in Sri Lanka in 1997; first to work for the government, then in a private hospital. On March 22nd 1999 I started working with MSF as a doctor with the mobile teams.
The more I work with MSF, the better I feel. It is very motivating to work for an association that understands the population's difficulties, that listens to them, genuinely takes into account their needs – builds a veritable relationship with the population is it providing care to. When MSF arrived in Sri Lanka it knew exactly what decisions had to be taken straight away to respond to the needs: hiring of surgeons and nurses to respond to the needs in the field. The government had abandoned many areas of health care and MSF filled these gaps by providing the necessary drugs and paying the medical staff.
As a doctor with the mobile teams, I work in very isolated areas. I really feel MSF's support. The population also feels MSF is listening and taking into account their needs. The relationship with MSF is very much appreciated. The local staff and expatriate volunteers get on very well.
I am sad to be leaving this mission in June. I feel like that when MSF leaves it will take time to fill the empty space it will leave. There will be the hospitals, but no doctors. I feel like I am abandoning the population and I fear that the population also feels that we are abandoning them.
I worked 22 years before joining MSF; but I have never experienced the same human relations anywhere else.
I would like to thank all the doctors I have worked with, as well as all the team".

ELISABETH SZUMILIN,
DOCTOR IN TRINCO
FROM 1987 TO 1988.

"I would particularly like to mention Master Leo, my Tamil translator who was in his sixties. Who never wanted this war. Also our cook Apu, which means 'daddy' or grand-father, as well as his family. All the teams that have been in Trincomalee have wonderful memories of this man. On top of everything, he was a great cook. When I said I was going to get up early… he would get up even earlier to prepare our picnic. Often it was the sound of him grating coconut for us (the mobile team) that woke me up. He must have had to put up with a lot of green, unripe coconuts…
The expat MSF teams: we always got on together (even with the surgeons, despite their renowned characters!!!). Now, when I hear about team problems in the field I always ask myself… how was I so lucky that I never had those kind of problems on any of my missions? We always sorted it out between us.
Finally I would like to mention my friend Rohan Mendis, even if he is not a member of MSF. A Singhalese diver who showed me the wonders of the ocean bed of this

island, as well as much more. I would very much like to see him again."

SIMON JERUTHASAN – TRANSLATOR

"I have been an interpreter with MSF since 1997. It was a friend of mine who told me that MSF was looking for an interpreter. I started on a six-month contract, followed by a part-time contract and in the end working full-time.

Before MSF I had had various jobs, including one working for the government.

The doctors have always been very nice to me. The national staff and expatriate volunteers get on very well together. I can think of several personal examples. The coordinators helped me get a loan and also helped me and my sister-in-law financially when we were in a very difficult situation.

Another example; once some soldiers wanted to talk to me - the doctor, a woman, refused to leave me alone with them because she wanted to protect me.

We also had lots of opportunities to be with the expatriate volunteers: dinners, Christmas parties… We are sometimes very sad when an expatriate leaves …. other times we are not.

MSF has worked very hard: working in the clinics, on delinquency, dental work, supplying drugs, transporting patients. The volunteers organized training workshops over several days. It was very good.

I was happy to see the population provided assistance, helped and defended.

Today MSF is leaving. Personally, on the professional front, I have had an offer to become Product chief for NDO. If it doesn't work out, I'll go home.

It is important that the Sri Lankan authorities now take over and assume their medical responsibility. MSF has worked very well and has shown the way. But the government is blind and I'm afraid they won't do anything."

SUREASH KIRUBARAKAN, LOGISTICIEN – ADMINISTRATOR

"Before Sri Lanka, I was working in Saudi Arabia. Then I had the opportunity to work as a volunteer for the Red Cross. I then got married and had two children, so I couldn't carry on as a volunteer as it didn't pay well enough. At that time MSF was looking for a polyvalent worker. I met an American MSF coordinator who asked me if I had any experience working with radios. I told him I hadn't, I had seen people working on radios but I had never touched one myself. A few days training was enough and I was away. I was the first radio operator, as well as taking care of all the logistics and the administration.

I later accepted to work as a driver for the mobile teams. I worked as a driver for three years. We were constantly traveling in dangerous zones: the military prevented most civilians from crossing the check points. As they couldn't come to us to get medical care, we had to go to them. We saw many, many dead. Our team wanted to know what was happening, what people were hiding from us. The military would ask us to leave and to stop asking questions. We were to collect the bodies and leave. The population welcomed us and were very supportive. When they had any information about attacks they would tell us. Today the situation has improved. People can move around easily from one place to another.

I had a wonderful, intense experience with MSF. I became level 6 assistant logistician in 2002. I would like to thank all the expatriates and national staff. I hope MSF remembers me if they come this way again, even if I can't honestly say they shouldn't leave.

My future? I would like to work for another NGO, even though I would prefer

Ariane Betz, nurse anaesthetist from March 1991 to May 1992 in Trinco, than Monaregala.

Tribute to…

I would particularly like to thank Apu, our cook in Trinco, who used to make us the most delicious crab curry: but seeing as the house has already been closed a long time, he will perhaps never read this.

But I think this is a great idea. If the programmes are closing in Sri Lanka, it's a sign that things are getting better, even well perhaps, and I can only be happy about that…

I hope that peace lasts longer this time!!

Emmanuel Baron,
doctor,
Madhu April-November 1995.

I would like to thank Doctor Sabah in Madhu for her competence, kindness and commitment.

MSF – the best humanitarian organization I know. It's true that I've always been very satisfied with the MSF volunteers, but it would have taken only one person to spoil everything.

SHOBANA CHRISTY,
TRANSLATOR,
THEN RADIO-OPERATOR.

"I have one memory I would like to share with you. I was in Madhu at the time and we had gone out with the mobile clinics to Tachchinamadhu, which was considered as 'uncleared' at the time. That day, in May 1997, the Sri Lankan army entered Madhu by surprise. People started running and screaming trying to get away. The MSF team in Madhu called us on the radio telling us to come back to the base immediately. We were very scared, but we got into the car and started driving back: we left behind one member of national staff because we didn't know what could happen on the road between Tachchinamadhu and Madhu. We heard some shooting and saw blood on the road. We were terrified; we thought we were all going to die. The team in Madhu called us again on the radio. The field coordinator snatched the radio and starting calling "mobile 8, mobile 8?". But there was no reply. As translator I repeated her call. There was still no answer. We finally got to Madhu. It was only then that our doctor noticed that the microphone I was still holding wasn't plugged in to the radio! All the while we had been calling "mobile 8" on the radio, we got no reply because we were infact "mobile 8". Afterwards we laughed a lot about it. I really had a good time with MSF. We did a lot for the population in the 'uncleared' areas. I hope MSF will do more and more in the world."

ROCKSON COLLINS, LOGISTICIAN, JOINED MSF IN 1996
IN JAFFA HOSPITAL.
HOMMAGE ACROSTICHE

Memories flow sweet and hard like ebb and tide in our hearts. And
Events are twinkling as morning stars on our pool minded sky. Then
Doctors, nurses travel on a train called "expats services"
Enjoyed the journey with log and admin and also the national team
Carried the duty with spirit and honest in our shoulders – to the way along
In and out from 8 to 5 is the time for us from 1986 – In this pearl
November on 99 was the greatest month on my track in MSF life – As
Started the mission again in Madhu with my superiors on that time

Suffering people get the relief from sickness and diseases
Appreciate its service with joyful and thankful
Nothing is impossible in emergency to start and rundown
Speed and selection are the need of necessity

France has the head quarters of our association
Refugees praised always its service in precarious situation
Overall decisions always get us in front of leading
North and East, West and South, all are the parts of its body
Thank you again for its service in our island for seventeen years
I'll follow all my way of its way
Everywhere in missions are the good memories for public
Remembrance cannot be erasable from our hearts
End of the mission and leave the country will not clear the mark of MSF because
Still it's living and covering all of our soul.

JACQUES BRIOIS,
NURSE ANAESTHETIST, VAVUNIYA,
AUGUST 1995.

"I was in Vavuniya for a month with Abdeslam Khairouni, a surgeon, and Patrice Vastel, the logistician. The hospital had a great team: Yogi, the nurse, had to put up with us and we worked very, very hard.
One day, I found I had run out of anaesthetic gas. I was very, very worried; than a few days later a miracle! We received some from the Sri Lankan Minister of Health in Colombo. She was an incredibly determined and persistent woman!
I planted a tree infront of the MSF house. I hope it will grow in a country at peace. Many thanks to all."

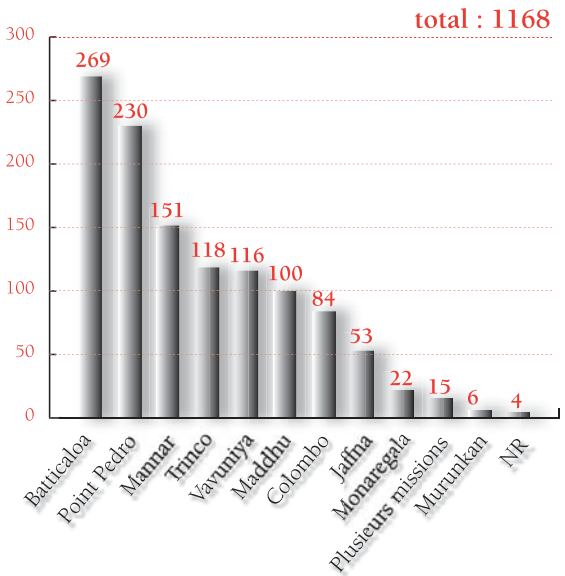
210 national staff et 860 international volunteers

Sri Lanka was always one of MSF's largest mission in terms of human resources, with over 70 departures a year.

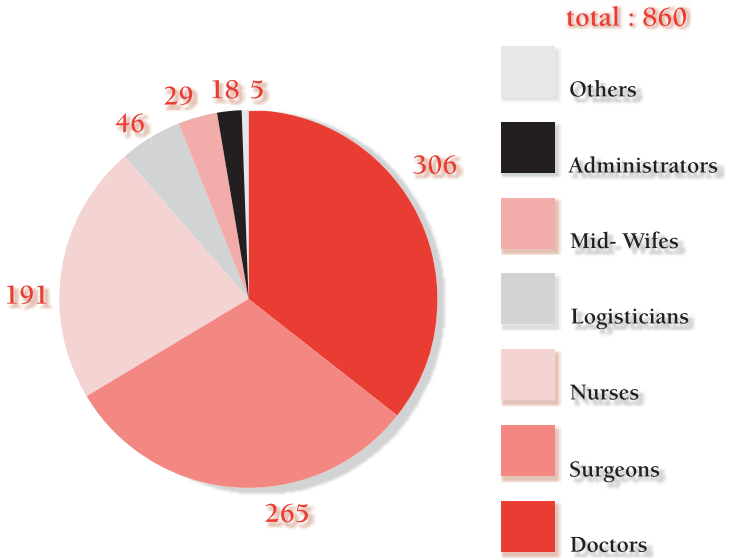
The war surgery activities meant that a high turnover of volunteers was one of the characteristics of this country.

253 surgeons, 145 physician anaesthetists as well as 70 nurseanaesthetist and OT nurses worked there in turn on very short missions.

Number of departures per mission

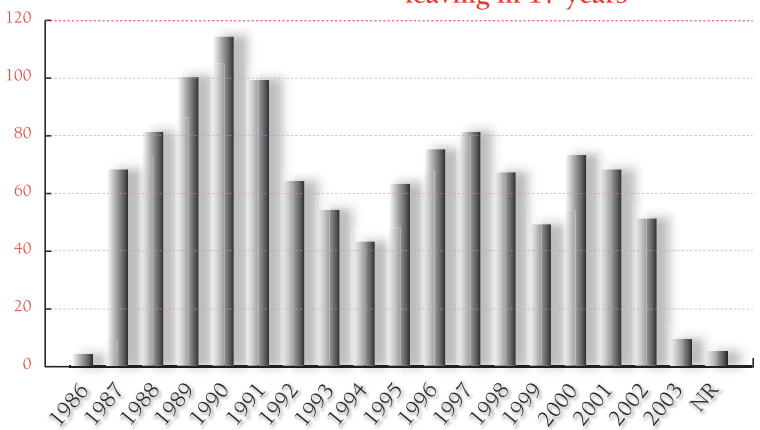


Volunteer's distribution per profession;

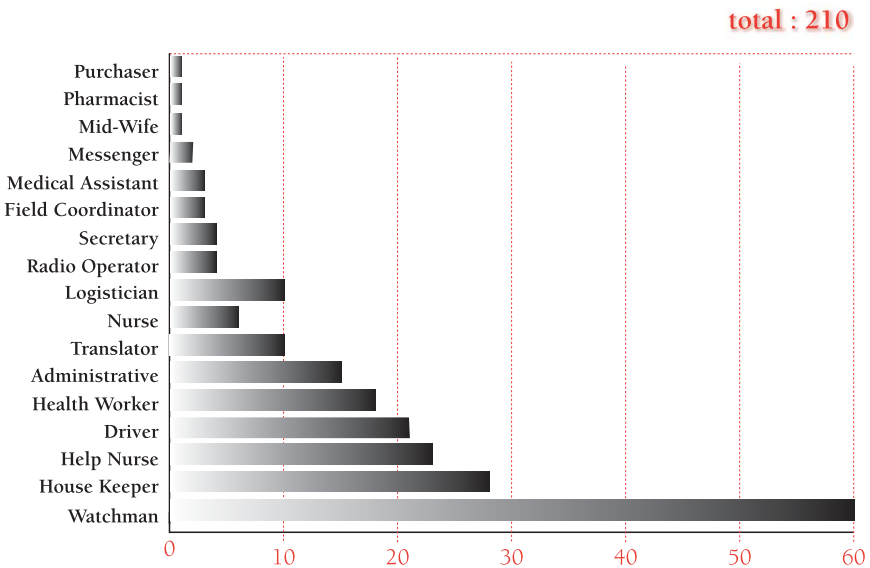


Number of departure per year

1168 international volunteer's leaving in 17 years



National staff's distribution per profession.



thanks to 210 national staff

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