

ENDURING WAR AND HEALTH INEQUALITY IN SRI LANKA

Executive Summary and Recommendations

Mayan Vije and Dr. Suppiah Ratneswaren

Editorial Advisors: Marion Birch and Prof. Jane Salvage

30 March 2009

Release date of the full report: 23 April 2009

Published by: Tamil Information Centre (TIC)
Bridge End Close (off Clifton Road) Kingston-upon-Thames KT2 6PZ UK
Tel: 44 (0)20 8546 1560 Fax: 44 (0)20 8546 5701
E-mail: info.tic@sangu.org Website: www.tamilinfo.org

ENDURING WAR AND HEALTH INEQUALITY IN SRI LANKA

- Executive Summary and Recommendations

Executive Summary

This evidence-based report by the Tamil Information Centre (TIC) analyses, from a human rights and public health perspective, the impact of the violent conflict in Sri Lanka on health, the health system, and relief and reconstruction. In particular it examines the deteriorating health of the population in the conflict zones of the North-East of Sri Lanka.

This report is the fruit of an extensive literature review and discussions with health professionals and health workers in Sri Lanka and elsewhere. It cites and analyses data derived from the reports of international and nongovernmental agencies that have worked in Sri Lanka or been involved with Sri Lanka over many years. TIC has also collected data, and has initiated and facilitated the visits of Sri Lankan expatriate health professionals to assist local agencies and institutions involved in health provision and promotion in war-torn areas of the island.

Data collection in conflict zones is notoriously difficult, and the available information in Sri Lanka is often fragmented, patchy, misleading or biased. The authors have made every effort to construct a robust evidence base in this report, and their conclusions are as authoritative and objective as possible. However, TIC cannot be held responsible for any shortcomings that arise as a result of poor data or inadvertent errors of fact or interpretation. It welcomes corrections and additional information.

Main findings

The effects of war are often measured by death and injuries due to weaponry, and the grim total in Sri Lanka is likely to be at least a quarter of a million deaths and hundreds of thousands of trauma-related injuries. Less attention is usually paid to deaths and illnesses arising from the indirect effects of conflict, but as this report suggests, the longer-term impact on the population of the North-East is likely to be equally dramatic. Health has been harmed by conflict-related damage to health-sustaining infrastructure and the health system, as well as by the corrosive effects of conflict-related factors such as poverty, unemployment, disrupted education and low morale.

Health has been harmed by conflict-related damage to health-sustaining infrastructure and the health system, as well as by the corrosive effects of conflict-related factors such as poverty, unemployment, disrupted education and low morale.

Our examination of the health of the population in the North-East of Sri Lanka suggests that a wide range of factors have had a major and negative impact on health. These include:

- **25 years of violent conflict;**
- **An economic embargo;**
- **Continuous population displacement;**
- **Human rights violations by all parties in the conflict;**
- **Inadequate health facilities;**
- **Shortages of staff, medicines and medical equipment;**
- **Harassment of humanitarian workers and agencies;**
- **Use of humanitarian aid as a weapon of war;**
- **Discrimination on ethnic grounds.**

The Sri Lankan constitution guarantees freedom of movement but this right has been severely curtailed for the country's Tamil population, particularly in the North-East. Since 1990, restrictions on food, medicines, fuel, materials for education, commerce, agriculture and industry have seriously affected the economy in the North-East of the country. Checkpoints, restricted zones, military camps and prohibited areas have affected all aspects of life and eroded rights, including the right to health. Agents of the state, including the police and the army, have attacked human rights defenders (including health workers) through murder, disappearances, assaults, injury, torture and death threats.

Executive Summary and Recommendations

Security forces and groups aligned to the government have been involved in extra-judicial killings, illegal detention, torture, disappearances and rape.

The Sri Lankan state and a succession of governments have violated human rights and undermined the rule of law. People cannot exercise their legitimate rights and carry on their daily lives with freedom and dignity. Security forces and groups aligned to the government have been involved in extra-judicial killings, illegal detention, torture, disappearances and rape. Some medical personnel are implicated in torture and others turn a blind eye to torture and degrading treatment. Successive governments have failed to take adequate measures to curb violations, compensate victims of abuse or punish the perpetrators, and have thus encouraged impunity. They have also introduced or maintained draconian legislation such as the Prevention of Terrorism Act (PTA) and Emergency Regulations (ER), in force for more than 30 years despite international concern, and used almost exclusively against the Tamil community.

Military operations have caused large-scale displacement of the Tamil population in the North-East. Following pressure from the Sri Lankan government many humanitarian agencies have been forced to leave the region and sometimes the country. Access to internally displaced persons (IDPs) and freedom of movement for civilians, humanitarian agency staff and relief supplies are among the most prominent challenges confronting aid agencies.

The conflict and associated trauma have created huge psychological problems, which are more common in displaced families.

The conflict and associated trauma have created huge psychological problems, which are more common in displaced families. Repeated displacement and disruption of livelihoods have made people dependent on handouts. Women often have to take on extra responsibilities without adequate support, making them particularly vulnerable.

Shortages of food and medicine have badly affected vulnerable people in the North-East, including the elderly, the disabled, widows, people traumatised by war and the tsunami, children and IDPs. In 2007, some districts were classified by the World Food Programme as being in 'acute food and livelihood crises' owing to armed conflict and the government embargo on fuel, agricultural and construction materials. Jaffna and Batticaloa districts, classified as a 'humanitarian emergency', faced a widespread high-intensity conflict with thousands of IDPs, collapsing markets and increasing malnutrition.

Public health infrastructure and health care facilities, goods and services are not available in sufficient quantity or quality, leading to a severe shortage of safe drinking water and adequate sanitation, trained health staff and essential drugs.

Public health infrastructure and health care facilities, goods and services are not available in sufficient quantity or quality, leading to a severe shortage of safe drinking water and adequate sanitation, trained health staff and essential drugs. The quality of health services is far below the rest of the island. Medicines received from Colombo are often out of date. There are nursing schools in Jaffna and Batticaloa, but Tamils are discriminated against in the selection process conducted by the Ministry of Health. In 2002 the World Health Organisation (WHO) confirmed that shortages of health personnel, basic facilities and support systems had impeded health care delivery in the North-East.

Security forces were directly responsible for destroying many institutions, while others have been closed for lack of staff and drugs or for security reasons. By 2002, 56 out of 405 health institutions in the North-East had been destroyed and 51 were not functioning. Hospitals and health centres are dilapidated and deteriorating. Most buildings are 50-80 years old with inadequate water supplies and sewage systems, and a lack of equipment and supplies. Preventive health measures have also been severely affected by a lack of basic facilities and support.

The international community has responded with humanitarian assistance for North-East Sri Lanka, despite the lack of a safe humanitarian space in which they can operate. \$4.5 billion in aid for reconstruction was pledged by the 51 nations and 22 international agencies that participated in the 2003

Tokyo Conference on Reconstruction and Development of Sri Lanka. The conference co-chairs - Japan, the US, the European Union and Norway - were appointed to monitor and review progress in the peace process. However this process has regularly been disrupted by renewed outbreaks of fighting, with both parties to the conflict accused of ignoring ceasefire agreements.

Sri Lanka's national health statistics show consistent improvements in health. However the demographic and health information on which they are based often excludes the conflict zones. The data scrutinised in this report, including detailed situation analyses from a variety of sources, reflect the impact of the conflict. There are wide inequalities between people in the North-East and elsewhere in Sri Lanka, and between IDPs and the rest of the population. The infant mortality rate in the North-East is higher than the island-wide average. Maternal deaths have been falling in the rest of the country, but increasing in the North-East. Nutritional surveys of children under 5 show a similar pattern. The lack of basic facilities and support which has impeded the delivery of preventive care, has contributed to inequalities in the rates of malaria and other diseases.

The infant mortality rate in the North-East is higher than the island-wide average. Maternal deaths have been falling in the rest of the country, but increasing in the North-East.

In conclusion, this report highlights the failure of all sides in the conflict to protect health, or to facilitate the rebuilding of the health system. It describes the devastating direct and indirect impacts of the conflict particularly for those living in the North-East but also for Sri Lanka as a whole. Conflict, criminality, social inequality, lack of democratic processes, political instability and decrepit essential infrastructure combine to damage health and arrest the development of a decentralised, primary care-based health system. Immediate action is needed: the need to find alternatives to violence and to resolve political differences peacefully, not least so that ordinary people can rebuild their shattered lives, could not be more urgent.

Recommendations

The Tamil Information Centre, deeply concerned by the conclusions of this report, makes the following recommendations:

We call upon the Sri Lankan government, the LTTE leadership and the international community to take urgent measures to address the humanitarian crisis in northern Sri Lanka.

1. We call upon the Sri Lankan government, the LTTE leadership and the international community to take urgent measures to address the humanitarian crisis in northern Sri Lanka; to ensure that the whole population receives adequate food, fuel, medical supplies and supplies for agriculture, industry and fisheries; and to provide IDPs with shelter and security.

Recommendations to the Government of Sri Lanka:

We urge the Government of Sri Lanka to make available to the population of the North-East adequate and functioning public health services and healthcare facilities, goods and services; and to provide adequate funds to rebuild, repair or refurbish existing facilities.

2. We urge the Government of Sri Lanka to bring the economic blockade of the North-East region to an immediate end and allow the supply of all materials needed for education, health, sanitation and economic activity.

3. We urge the Government of Sri Lanka to end the pursuit of a military solution, and to take measures to resolve the political deadlock, including discussions on substantial devolution of power to the North-East region on the basis of the Oslo Declaration of 2002.

4. We urge the Government of Sri Lanka to end all discrimination based on race, ethnicity or other grounds and ensure that all people, including the population of the North-East, enjoy the right to life, health and other human rights, including — access to adequate food, clean water, housing, employment, education, and health facilities; the right to human dignity, equality, privacy, freedom of information, association, assembly and movement; the right to benefit from scientific progress and its applications.

5. We urge the Government of Sri Lanka to remove restrictions on the freedom of movement, to enable people to engage freely in social and economic activities, and to gain access to health facilities.

6. We urge the Government of Sri Lanka to make available to the population of the North-East adequate and functioning public health services and healthcare facilities, goods and services; and to provide adequate funds to rebuild, repair or refurbish existing facilities.

Recommendations to the international community:

Considering that the right to health is dependent on, and contributes to, the realisation of many other human rights:

7. We call on the UN and the international community to continue to press for access by an international human rights monitoring body to all parts of Sri Lanka and relevant institutions, with a view to improving human rights and ensuring all actors in Sri Lanka observe their human rights obligations and commitments.

8. We call on the UN and the international community to ensure that a mechanism for the investigation of human rights violations throughout the island is established, with international participation, which meets the requirements of independence, credibility, effectiveness and empowerment, and thus contributes to public confidence, peace and stability in all parts of Sri Lanka.

9. We call on the UN and the international community to ensure that impunity (exemption from punishment or loss) for state officials and members of the security forces is ended in Sri Lanka, paying special attention to the laws and regulations that contribute to impunity, particularly through proper, impartial investigations of alleged torture, rape, disappearances and extra-judicial executions; and that all perpetrators, irrespective of ethnic origin, position or status, are prosecuted.

10. We call on the UN and the international community to urge the Sri Lankan government to recognise the role of human rights defenders in the protection of human rights and fundamental freedoms; to end all verbal and physical attacks on human rights defenders; and to promote a mechanism for the protection of human rights defenders so they can carry out their work unimpeded.

11. We call on the UN, the Co-Chairs of the Tokyo Conference, governments and all other relevant bodies to exert greater pressure on the Sri Lankan government and the Liberation Tigers of Tamil Eelam (LTTE) to return to the negotiating table and continue negotiations until a political settlement is reached.

... exert greater pressure on the Sri Lankan government and the Liberation Tigers of Tamil Eelam (LTTE) to return to the negotiating table and continue negotiations until a political settlement is reached.

Recommendations to UN organisations working on health:

Considering that discrimination in access to health services based on race has continued in Sri Lanka for several decades:

We request the World Health Organisation (WHO), other relevant UN bodies and international agencies to review their policies and programmes in relation to Sri Lanka, to ensure that all people are treated equally and have equal access to health facilities.

12. We request the World Health Organisation (WHO), other relevant UN bodies and international agencies to review their policies and programmes in relation to Sri Lanka, to ensure that all people are treated equally and have equal access to health facilities.

13. We request the UN Special Rapporteur on the right to the highest attainable standard of physical and mental health, and the Special Rapporteur on the right to food, to investigate discrimination in these areas in Sri Lanka, and the UN Human Rights Council to take appropriate measures based on their findings.

14. We request the WHO, other relevant UN bodies and international agencies to facilitate the study of the impact of war on health in Sri Lanka, so that research can be carried out in the affected regions as a basis for planning and the provision of greater assistance to these regions.

15. We request the WHO, other relevant UN bodies and international agencies to urge the Sri Lankan government to enable the training of more specialists in forensic medicine and in human rights promotion, and to ensure protection for doctors and specialists in these areas. ■

