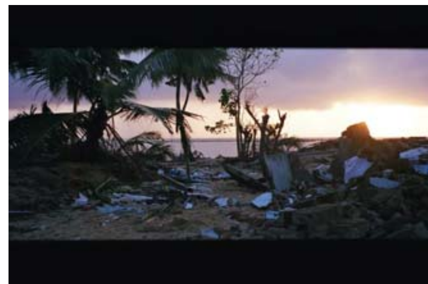
Sri Lanka Relief Mission
19 – 30 January 2005

Wind Sand & Stars Ltd
and
St Mary Islington



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Wind Sand & Stars
And
St Mary Islington

The 10 Relief Team Members

Co-Directors

The Revd Dr Emma Loveridge

The Revd Jessica Swift

Counsellors/Psychotherapists

Elizabeth Salmon

Sharon Ward

Doctors

Dr Christopher Burrows

Dr James Goodman

Nurses

Neil Macintosh

James Moore

Security

Matthew Parsons

Civil Engineers

Alan McGrane

It is a privilege to witness and be party to a true partnership between communities on opposite sides of the world – as was demonstrated on the Sri Lanka Relief Mission.

The Lanka Bible College (Kandy, Sri Lanka) is partnered with St Mary Islington church (London) – a mission partnership often found in the ecclesiastical world. When the Tsunami hit, the college was a source of information as past and present students were able to report on the status of communities across the country. Almost immediately, it became evident to the college that any foreign support would be welcome and they issued a plea for doctors, counsellors and engineers.

The Rev Dr Emma Loveridge, director of Wind, Sand & Stars and honorary curate of St Mary Islington responded to the request. It was an obvious partnership: the skills and experience of Wind, Sand and Stars, the resources and network of St Mary Islington and the local knowledge and understanding of the Lanka Bible College.

When the possibility was quickly becoming a reality, Ben Mackinam (principal of Lanka Bible College) put Emma in touch with Godfrey Yogarajah (director of the Alliance Development Trust). The Alliance Development Trust (ADT) is a local Christian non-governmental organisation (NGO) working throughout the country, especially in the north and east.

A team of ten specialists was recruited quickly through Wind, Sand and Stars and St Mary's: two doctors, two nurses, four trauma counsellors, one engineer and one security officer. We aimed specifically to be totally independent so as not be a drain on the local community at any level. We took our own tented accommodation, all food and cooking equipment, 200 litres of water carriers, arranged for our own drivers and transportation in advance through a colleague of Emma's in Colombo, and our own communication systems. We also took our own security officer to ensure we could live and work within any community with our medical supplies, etc under safe watch while living in open space. It was an exciting team with a range of skills and characters.

As a small, integrated team, one of our strengths was that we could easily come alongside a community. The aim of the relief mission was two-fold: for the team to offer what practical assistance they could as well as gather information and build relationships for future, more long-term partnership and support.

Wind, Sand & Stars' colleagues and suppliers as well as St Mary's community were extremely generous and approximately £55,000 pounds was raised in a week and £25,000 in kind in specifically requested equipment and medical supplies from Wind, Sand & Stars suppliers. Prior to departure, medical and other supplies were gathered and the community from St Mary Islington packed and inventoried all the equipment. Annie Hargraves (psycho-therapist from Interhealth) briefed the team on trauma, the psychological impact and how best to engage in short-term relationships.

On arrival, the integrated team of ten specialists met with the ADT. In line with our brief, suggesting where our greatest strengths lay and where we could potentially be of most help, the ADT had done some preliminary thinking and ground-work. They were keen we should work on the east coast in the southern Batticoloa/Ampara District – one of the worst hit areas in the country, with some of the least

government/NGO input. This area covered some of the LTTE controlled zones. This coupled with the distance from the capital (+8hours drive) resulted in fewer people being willing to work in these villages, and less relief and aid supplies being available.

In discussion and consultation with the ADT it was decided that the team could best be used in Kallar – a fishing village of approximately 2000 families.

We travelled in two vans (with local drivers), taking the entire team and all the supplies to Kallar. The geography of the coastline of this village is such that there is a lagoon between the sea and the village. During the Tsunami, this lagoon acted as a temporary buffer which delayed the impact of the wave. This offered a few extra precious minutes to the villagers to reach safe ground. 72 people were reported dead – significantly fewer than villages only 10 km both north and south of Kallar. For example, the neighbouring village just south of Kallar where the doctors went to assist the establishment of a temporary clinic (after the destruction of the hospital) lost some 3500 people out of a population of approximately 8000. Just under half (850+) of the families in Kallar had their homes either partially or completely destroyed and therefore were staying in one of the six refugee camps being housed in church halls and schools around the village.

There was no one officially appointed to co-ordinate the relief and development efforts in Kallar – a pattern repeated in every village along the coastline. However, this mantle was taken up by the local YMCA, its director Patrick Chellathurai and re-allocated South African volunteer, Cathy Bollard. It was Patrick and Cathy, with the ADT who identified where we could be of best use. They had arranged for the medics to work alongside local doctors and nurses in the clinics and hospitals, for the engineer to progress the process of building semi-permanent shelters, and the counsellors to run a four-day training course (including a children's programme).

Part of our aim was also to ensure that whatever we did was with the agreement of the local community and that all areas of our work were handed over to key individuals from the area or staying within the area for a significant period of time. This was to ensure that continuity was in place and that ongoing relief work was through and with the community itself.

The team stayed in two tents on the property of St John's de Britto, the Catholic church. This was as a result of the kind hospitality of Father John Pillai who was running the refugee camp here and was also offering the ground at the back of the church for a further thirty-seven families when semi-permanent shelter arrived from NGO's. On the same site was the local school and pre-school, also temporarily housing one of the refugee camps. The Catholic church was the centre of much community activity and our relationship with Father John was instrumental in being able to attempt to achieve our aims.

It was a gruelling but exciting time; one of the paradoxes of relief work in many contexts. Since our return many people have asked us what we thought we achieved. I hope the following reports from the three professional groupings, medical, counselling and engineering, help to answer that question.

The counselling team were able to provide a training course in counselling for forty of the local community leaders, teachers, nurses, fishing community representatives etc. alongside play therapy for approximately 50 children. For both of these areas we worked with the local community and long term volunteers to ensure continuation and continuity into the future. We have also had contact on our return with another small professional team visiting the same village this week. The medical team were able to provide supplies for various hard pushed local clinics and hospitals. They also provided cover within a small temporary hospital being re-established, where all four full time staff had been on duty non-stop since the day of the Tsunami. Our engineer established a relationship with other local volunteers and the work of clearing designated areas for shelter became very focused. Much of his work was establishing the links between government and NGO shelter providers and matching the information with the reality of the needs on the ground. He also ensured that a foreman was appointed for the work to continue. I hope the reports show more of this work, including some of the frustrations as well as the successes and the relationships and friendships made.

Perhaps, however, the most significant achievement was intangible and hard to articulate and quantify. It was simply being around the community and being alongside them. They are bone-weary and bereaved but with a spirit and desire to rebuild their lives. It was a privilege for us, and I believe from all that was said, a joy for them literally, to have people to talk with and walk with through that bit of their struggle. If nothing else I think our small integrated team brought a spirit of hope which was catching and have left with long term relationships and a desire that the village should not be forgotten as it recreates its daily life in the wake of the Tsunami.

What follows, are the fuller reports on what was achieved on the Sri Lanka Relief Mission.

REPORT FROM COUNSELLORS

A. ASSESSMENT

It was obvious that, four weeks after the Tsunami, people were traumatised, fearful and bereaved. Similarly, it was unlikely that many people would be able to consider rebuilding their lives, homes and community, until this was addressed. The community leaders of Kallar recognized this need and were proactive in attempting to address it. It was impressive and commendable that they had done so considering that counselling and attending to psychological needs had not previously been a formal part of the life of the community.

The idea was to host a four day 'active listening' training course aimed at community leaders in order to help them with their own trauma and at the same time prepare them to become "active listeners" within the community. The course was initiated by requests from within the village. This was something they thought would be valuable for their community, and it was something we felt able to provide. A specific group from the eastern coastal strip had already received similar training (prior to our arrival), but the invitation to attend this course was open to anyone from the community – those who attended were primarily teachers, nurses, YMCA Kallar Youth Group, lay leaders from the Christian churches (Catholic and Methodist), Hindu Temples, and Mosques, as well as representation of the fishing societies. About 40 people attended for four days.

C. PROVISION

The course comprised the following eight sessions:

<u>Session 1</u>
Introduction and credentials of team
Context of the course
Recognising their own trauma, and absolute need for self care when acting as a counsellor.

<u>Session 2:</u> Listening skills.
Aim: To facilitate the client to unload stress, and pain.
Skills include:
Giving full attention
Reflecting back what has been said
Use of open questions
Body language etc.
The group practised these skills in pairs – then discussed results in plenary.

<u>Session 3:</u> Recognising trauma – its markers.
For instance:
Flashbacks
Nightmares
Inability to sleep
Nausea
Hyperventilation
Alcohol abuse etc.

<u>Session 3a</u>: Stages of grief which may be expected after bereavement.
For example:
Shock
Grief
Denial
Anger
Depression
Adjustment
To allow recognition of where client is in the process

<u>Session 4:</u> Counselling children, play therapy.
Recognising trauma among children
Emphasising the importance of consistency, regularity, constancy, care
The value and role of play therapy in the healing process

<u>Sessions 5 and 6:</u>
Working with refugees, listening to them and putting what had been learned into practice.

<u>Session 7</u>
Reflection and debrief from previous sessions:
What questions had been asked?
Had body language been significant?
Had reflective response been made?
How had the experience been and what could have been improved?
Survivor guilt: Natural, but not necessary.
Identification with the dead
Anger management:
Unless managed, anger will spill out in violence against family, community etc.
Need to recognise, and to allow release in a safe place.

Session 8
A short presentation from the children demonstrating the need to show the norms of the world – sunrise, trees, flowers, animals etc which are there day by day, and the importance of games and laughter.

How we can make progress and move on. Hope, optimism and the reminder that we have recovered from bad things in the past. The future challenge and the need to engage with it.

D. OUTCOMES.

About 40 people attended the course for its entirety. Participation was good and improved steadily throughout. Although difficult to assess accurately what was received by the group, the "practice" session and the subsequent debriefing suggest that much had been assimilated. Open questions, reflection etc., had been put into practice. Also the need for self – care was well demonstrated by one or two reactions to what they had heard.

The importance of having a translator who understood the concepts of counselling was apparent. Mr. Chandra and Brother Benjamin met this criterion well. The rumour of another Tsunami on Friday proved the need for counselling, to allow people to recognise their own fear and to unload the burden of it. The fact that this occurred while the group was meeting, and was dealt with within the group, can only be positive and helpful.

At the end of the course, all those who attended divided themselves into small working groups and were assigned one of the refugee camps to visit twice weekly. Brother Benjamin agreed to oversee, support and nurture these working groups and generally attend to the follow-up.

We were also given the name of the leader of a small team, comprising of a bereavement counsellor, civil engineer, surveyor, electrician, journeying to Kallar to continue the relief work. We have been able to liaise and handover formally to help ensure continued links and continuity with the local leaders and their rebuilding of life in Kallar.

REPORT FROM CHILD PLAY THERAPIST/PSYCHOTHERAPIST

A. ASSESSED NEED

As with the adults, many of the children of Kallar had suffered much trauma as a result of the Tsunami. It was only appropriate to address these psychological needs in a manner appropriate for children. Therefore, in parallel to the four-day adult training course, a children's programme was offered aimed at engaging the children in activities with therapeutic value.

At first contact, many of the children were quiet, withdrawn, and fearful. Some common symptoms were fear of touch, sounds, and abandonment, attention seeking in dysfunctional ways, general irritation and anger, or very clingy and needy. The children who lost relatives were distant and often showed no affect - there was a vacant look about them similar to that seen in someone who is disassociating. Those who lost parents would generally not initially engage in activities.

B. THE PROGRAMME

The programme was simple and consistent, offering a range of activities that were intended to keep their interest and energy level up. Each child was given soft toys, balloons and some sweets; not one child refused these. The games were designed to develop a sense of belonging. The aim was to develop a sense of self within the group that might reflect their position in their own family, village, country etc. In short, the aim was to try and subconsciously help the children reconnect to themselves and their world.

Volunteers from the YMCA and the Kallar Youth Group (also based from the YMCA) had been running play-programmes for the children in the afternoons. This provided another opportunity to feed in knowledge and expertise. Once again, drawing was used to help assess what was happening within each child and games were used to help re-develop their sense of belonging. With more adult volunteers leading and assisting, it made it much easier for our team to watch the children's behaviour more closely and therefore share specific observations with the KYG. The sense of responsibility that the KYG demonstrated towards the younger children was hugely impressive. Time was given at the end of each afternoon to reaffirm and train them to carry on with their work.

The most rewarding and successful part of the process was developing and performing a short play where each child had his/her own part. The theme of the play was ‘A day in the life of a Sri Lankan child’ and included elements from their natural world. Imaginary props were used and over emphasized as one would in a comedy sketch. Repetition and continuity were essential components.

As the days progressed, the children began to trust what was happening and seemed to gain more and more the programme. It was encouraging to witness some of the most severely affected children improve – responding with affection, and looking for interest and reactions to their drawings. Their drawings were quite unreal and almost identical in theme: mostly picture of flowers, houses, sun, the sea, but with no evidence of people in their art.

Some of the children however, were so deeply affected that they did not show any marked improvement in the time the team was there. There was one little boy, age three, who (as far as the team could ascertain) had lost everyone in his family. The child was severely withdrawn and non-verbal. During the time set aside for drawing, he would sit and draw for the entire allocated time, regularly coming back for paper as needed, but he would only ever draw black scribble.

Another young girl, age eight, was left with the care of her younger siblings while her parents went to the shop when the Tsunami hit. Although she survived (she was found in a tree), her siblings did not. Even though her parents have moved back into their home, the girl has been too traumatised to return home and has remained in the refugee camp with her grandfather. She had a lot of difficulty sleeping and had obviously been deeply affected by the tragedy. The local hospital asked Sharon to provide the child with a DSM IV Assessment (using interpreters). At the time of the assessment the child met the criteria of Acute Stress Disorder (ASD). However, it was recommended that she be psychologically assessed again after two weeks to determine if PTSD would be a more accurate diagnosis (when a 6-week period is needed to determine PTSD). Additionally, the team was able to have two sessions with the child and employ techniques such as symbolic play and drawings to allow her to express her feelings about the tragedy. After these sessions her grandfather reported that the young girl had managed to sleep an entire night through. She was, however, still in need of more psychological assistance. When the team left liaison with the local hospital was continued.

C. RECOMMENDATIONS

These two young children are just two examples, but the stories are multi-fold. Despite there being little cultural backdrop of counselling/psychotherapy in Sri Lanka, the community has become deeply aware of the need in this area.

As was mentioned previously, time was given at the end of each afternoon of the programme to reaffirm and train the KYG to carry on with their work. It was the hope of the YMCA that the KYG would be able to create and provide an integrate play-programme for the children of Kallar during this time of rebuilding and transition.

It is recommended that a team dedicated to the treatment of PTSD and ASD be sent to this district for a period of at least three, preferably six months; psychiatric professionals and psychotherapists working along side each other. The Tsunami has and will have a prolonged influence on the generations to come and it cannot be stressed enough how important it is to start concentrating on the mental health of these people as a priority.

REPORT FROM CIVIL ENGINEER

A. ASSESSMENT

Once in Kallar, contact was made with local community leaders and government officials in an effort to assess the need for temporary shelters. Time was spent liasing with the various NGO's operating in the area so as to understand how this aspect of the relief was being coordinated and the respective responsibilities of each group involved. The team engineer assisted the Alliance Development Trust (ADT) shelter programme, making visits to prospective sites in the area and advising on shelter options and founding conditions.

Kallar is a small village of approximately 2000 families, of which approximately 850 were displaced – that is there homes had either been completely or partially destroyed. These families were living in six 'refugee camps' housed in schools and church halls throughout Kallar. The refugee camps provided primary and temporary accommodation, however it had been a month since the Tsunami and there was a pressing need for more long-term shelters which could provide accommodation during the process of rebuilding.

Médecins Sans Frontières (MSF) has been given responsibility for coordinating shelter relief in the Kallar area and is working with the ADT and World vision to meet shelter needs. Volunteers from the YMCA were similarly involved. However, it was evident that having a person facilitating the co-ordination process was essential if the provision of shelters was to progress.

B. PROCESS

Following the Tsunami, the Sri Lankan government placed restrictions on where permanent housing can be constructed in relation to the sea. Originally, no permanent structures were to be built within 500m of the seashore; currently it is 200m.

The following options regarding the sitting of temporary shelters have been considered by the Government and NGO's for Kallar:

Sitting adjacent to previous properties.
Sitting adjacent to the homes of friends or family.
Use of communal land.

Options 1 and 2 are viewed as the most favourable for the medium term but will require active negotiations with the community and individual families before materials can be allocated and shelters constructed. For many families, returning to their homes would mean first addressing some of the fear and loss associated with the coastal zone. An ongoing long term issue over boundaries of private land is also appearing as the local records were destroyed.

Three communal sites (with a total plan area of approximately 17 800 m^2) had been identified and agreed with the Assistant Divisional Secretary (ADS). The Kallar YMCA and its volunteer group are in the process of coordinating the clearing and preparation of these areas for the erection of temporary shelters.

According to the local government representative there is a need for 525 temporary shelters in Kallar. It has been agreed with the government that approximately 275 of these shelters will be sited at a distance greater than 200m from the seashore, adjacent to a victim's damaged property or that of a friend or family member. The remaining 250 will be on sited communal land.

The ADT has an active shelter programme and is in the process of fabricating small stand-alone units in Colombo. The design for these structures is shown below. The shelters consist of prefabricated steel elements that will be transported to site and erected in situ. Once assembled, the verticals will be cast into mass concrete or mortar bound brick bases with the floor made up of coarse rubble with a sand-cement screed finish. The sides of the units will be clad with canvas sheeting. The ADT plans to supply some of these shelters to Kallar (number to be confirmed). Jude Simion is coordinating this initiative from the ADT office in Colombo.

It was recommended that several larger semi-permanent shelters similar to the type pictured overleaf be constructed on the communal land areas. These 'long-house' buildings are capable of sheltering up to five or six families in the short to medium term and will remain as useful community structures after resettlement has taken place.

'Long-house' building capable of sheltering five to six families

Liaising with the Kallar community and the NGO's involved in shelter provision was a slow process. Small steps were taken – helping the community to start to reinvest in its future shelter needs, enable volunteers in the area work in a more focused framework with regards to shelter, negotiate through Cathy Ballard (YMCA) an appointment with the ADS to specifically agree the communal shelter sites, clear and stake two of the three communal sites and generally progress the preliminary ground-work.

C. GENERAL COMMENTS

The majority of domestic buildings in the Kallar area destroyed by the Tsunami were of brick and block construction founded in sand on shallow strip footings. This 'brittle' structural form was particularly susceptible to the action of the tidal wave. Structural failures generally resulted either from the direct force of the surge or through scour around foundation bases.

Fewer global failures were noted in the case of reinforced concrete framed buildings. It is evident that more ductile structures (reinforced concrete and steel framed buildings) anchored to deep foundations performed the best.

D. OUTCOME

The long-term ideal is to help people move back to their property and encourage the long and arduous process of rebuilding. As commented above, the fear involved in moving back to the seaside makes this process very complex. To help address this concern the YMCA conducted a survey to try and document what people needed and wanted in terms of temporary shelter. Approximately 10% of the families opted to move back immediately when shelter was available, while the remaining were more cautious about the future. The role of being the 'shelter liaison' with the local NGO/ADT and local community was passed back to a YMCA volunteer who would help oversee and co-ordinate the construction of the shelters. We have had news today that the first medium-term shelters as shown in the diagram arrived in Kallar today.

Typical foundation scour resulting in collapse

NCEASL STEEL SHELTER

PAGE 1 OF 2 - FRONT ELEVATION

40x40x4mm ANGLE IRON PURLIN 3 NOS

GAUGE 30 GI SHEETS

8'-0"

25x25x3mm ANGLE IRON TRUSS

25x5mm FLAT IRON DIAGONAL BRAZIN OF LENGTH 18"

43mm DIA X 2MM THICK GI PIPE COLUMNS 4 NOS.

6'-0"

SCREED TO BRICK RUBBLE BASE

GL

1'-6"

13'-9"

ANCHOR BAR

CEMENT BOUND BRICK RUBBLE / MASS CONCRETE

TRUSS MOUNTING DETAIL

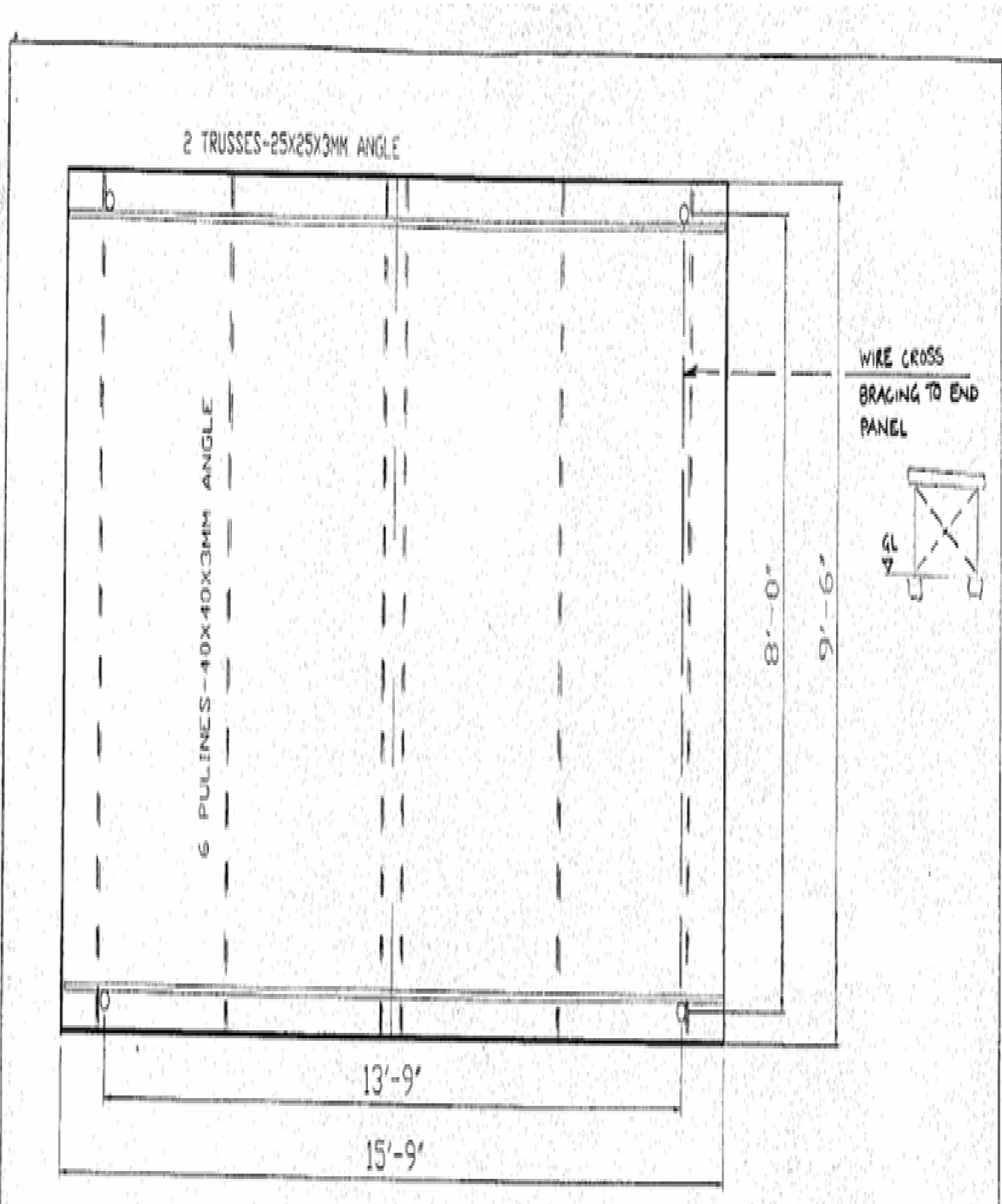
PURLIN MOUNTING DETAIL

FRONT ELEVATION

Columns drilled to take steel wire to support plastic sheeting

Petra Engineering Services (Pvt) Ltd.

CUSTOMER - NCEASL	
PREPARED BY - PETRA CAD TEAM	REV - A
SCALE - N.T.S.	DESCRIPTION - STEEL SHELTER
UNITS - FEET & INCHES	



NCEASL STEEL SHELTER

PAGE 2 OF 2 -PLAN VIEW

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JOB NO.	CUSTOMER - NCEASL			
FILE NAME -	SITE -	PREPARED BY - PETRA CAD TEAM	DATE - 21/01/2006	REV - A
SCALE - N.T.S.	DESCRIPTION - STEEL SHELTER			
UNITS - FEET & INCHES	PATH MD/METAL & GENERAL			SHEET - 02

REPORT FROM MEDICS

A. PRIOR TO DEPARTURE

Our first task was to come up with a shopping list of medical supplies that would benefit the population worst hit by the Tsunami and in addition a team medical kit and individual medical kits for the expedition members. This required an estimation of the medical needs of the local population and we used a variety of sources. Médecins Sans Frontières (MSF) and the World Health Organisation both publish useful recommendations for disaster emergency medical kits although we had to bear in mind that it was nearly one month after the wave and the immediate emergency medical needs of the population may already have been catered for. A useful source of information proved to be a contact of Jamie's already in the field in the South of Sri Lanka who was helping set up temporary clinics. He advised that the major shortage was of broad-spectrum antibiotics to treat everything from chest infections to soft tissue infections to diarrhoea. There was a particular shortage of paediatric formulations and they had resorted to halving and quartering pills. We also took good quantities of sterile needles, sutures and dressings, iodine tincture for water purification, oral re-hydration salts and much more besides. These medical supplies were carefully listed and packed by volunteers from St Mary's Church Islington into two identical kits so that if any bags were lost in transit there was a backup already in place.

James and Chris also discussed what the medical needs of the team might be and ensured that two identical team medical kits were brought as well. On top of this, each team member had a small personal medical kit to help deal with common ailments encountered by any traveller such as diarrhoea, dehydration, cuts and scrapes and doxycycline malaria prophylaxis. Jamie was also able to secure a post-exposure HIV kit from St George's Hospital which was of great peace-of-mind for the medics although HIV rates in Sri Lanka are relatively low at about 1% of the population.

B. ASSESSMENT

After arriving in Kallar, the first task was doing an immediate assessment of the medical needs of the local population. A variety of approaches were taken – it was at first frustrating because it was a national holiday over the weekend and on the following Monday and so were unable to locate the district medical officer in Kallar. The first port of call was to two hospitals close to camp, in Peryakallar and Marathamunai (a Muslim town 15 minutes south). At both sites it was noted that there was a shortage of paediatric formulations of antibiotics and basic analgesia and antipyretics.

We came across several of the larger aid organisations including MSF and the Red Cross both of which were still assessing the area. They were also monitoring the camps for epidemic disease. They seemed to feel, as did we, that in general the existing local healthcare infrastructure was coping adequately with the disaster both in terms of supplies and manpower.

The assessment phase of the expedition was time-consuming and frustrating at times as contacts were sought and negotiations made. However, once this phase of the expedition was over we turned our attention to what kind of professional help we were going to provide. We decided that our original intention of setting up temporary clinics would not be appropriate. We felt that we would do better to support the already existing health facilities, thus adopting a more sustainable approach. As a team, we made the effort to integrate with the local community and get to the heart of what they needed.

We opted to split ourselves between the two local hospitals and give the local doctors working there some much needed relief. Our approach was reaffirmed by the International Red Cross whose representatives visited us while at work in Marathamunai.

C. PROVISION IN MARATHAMUNAI

Jamie and Neil went first to the temporary hospital in Marathamunai and spent the mornings there helping with the outpatient clinic. They were seeing upwards of 20 patients each in a morning. The Peripheral Unit Hospital in Marathamunai warranted our particular attention as the original hospital sited less that 200m from the shore-line had been devastated. The four doctors who ran the hospital had set up a temporary unit in the town with the help of MSF logisticians and they were very short of equipment and supplies. In addition they had had little respite at work since the disaster. We opted to give half of all the supplies that we had brought immediately to the hospital which was gratefully received.

D. PROVISION IN PERYAKALLAR

This is a small hospital run by three junior doctors serving Kallar village. It has four wards (2 medical, 1 paediatric and 1 obstetric) a pharmacy and outpatient consulting rooms. The building survived the Tsunami but all furniture and equipment was lost. It had been cleaned of sand, mud and debris before we arrived. While we were there the outpatient clinic was operating but there were no facilities for inpatients. New beds and equipment had been ordered from an NGO in liaison with the government

but no delivery date was set. There was water from a reverse osmosis plant in the grounds but nothing plumbed in. None of the doctors or nurses had died or were hurt but several were very traumatised. We were able to help provide some necessary equipment and drugs including, stethoscopes, a sphygmomanometer, antihypertensives and childrens antibiotics.
Chris took part in several clinics alongside one of their doctors seeing mostly minor infections, aches and pains and helping with follow-up of asthma and hypertension cases. Patients keep their own medical records and had mostly lost them in the flooding and so did not know what medicines they were on. There is a strong prescription culture and most patients left with tablets even if only paracetamol. Quite marked anaemia was common and Chris saw his first ever case of filiariasis (the parasite that causes elephantiasis). Consultations were difficult as they were very public, few people spoke English. A number of people came with very non-specific symptoms that they readily admitted dated from the time of the Tsunami. On leaving the team gave the bulk of the remaining medical supplies to the hospital which again seemed well received.

E. PROVISION IN THIRUKAVIL

We also visited a large refugee camp further south in Thirukavil, home to in excess of 2000 displaced families. There we found a group of about 20 independent British medics. They reported that in general the refugees were in good health, having been well nourished prior to the disaster. There had been no outbreaks of epidemic disease as feared in the press, and their immediate emergency medical needs after the Tsunami had been catered for already by Sri Lankan doctors from Colombo and the visiting European doctors. The medics at the camp had a shortage of paediatric drugs and we opted to donate a proportion of our remaining medical supplies to them.

F. OTHER CONTRIBUTIONS AND CONSIDERATIONS

Many of the afternoons were spent helping Alan, our engineer, and the YMCA volunteers with the clear-up operation around the village which was strewn with piles of rubble and flotsam, and on one evening a team from the group helped with the packing of nearly 700 packets of dry rations for distribution to the local population.

Camp-life meant that keeping clean and respectable (all of the Sri Lankan doctors are immaculately dressed) was difficult but the kind offer of a shower by the local government officer was warmly received. There was some necessary acclimatisation to the very hot and humid environment (35 degrees Celsius in the shade) and keeping adequately hydrated was a constant factor for consideration. Hygiene was scrupulous in camp and by cooking for ourselves we hoped to maintain good health (thank you to Liz). Good humour was always to be found in camp and this was an important way of coping with the distressing stories and devastation that we all encountered and witnessed day on day.

Fear amongst the local population was never far from the surface and this was particularly illustrated on the last Friday when rumours of another Tsunami swept around the local villages and it was nothing short of panic on the streets. While most people were fleeing, it was moving to hear that some locals had gone down to the shore-line in the hope of being washed away as they had lost everything – family,

property and livelihoods. The medics all encountered a lot of ‘Tsunami syndrome’ in their practice. This was evidenced by fairly non-specific aches and pains, a cultural manifestation of stress, anxiety and depression.

REPORT ON FOOD, CATERING AND SECURITY

A. FOOD AND CATERING

None of us knew what to expect in Sri Lanka. It was important to be independent, and not to take scarce resources way from those we had come to help. The only thing we would have to rely on was water. Hence, we took all that we would need to eat for the 10 days of our visit. In fact, we were able to purchase flour, rice and sugar in Colombo, and bananas, oranges and some eggs at our destination, and these supplemented our diet.

Weight too was an issue, so tinned meat, fish etc was very limited. For main meals, rice, pasta, lentils and chick peas were the staples, with various stock cubes, soup and sauce mixtures to flavour, and occasional tinned fish or meat.

Sweets were invariably custard with dried fruit, nuts. Breakfast comprised porridge or muesli with dried milk reconstituted) sugar or honey. Bread was available too so did not need to be made over a fire (thank goodness).

Soups, biscuits and packet cheese had been taken for lunches. In fact the soup was not needed, replaced by bread, eggs, or rice and oranges or bananas. Tea and water were the main beverages.

Cooking was achieved on small, multi-fuel burners which were very efficient. No-one was ill, mainly due to the carefully purified water with iodine and to the strict regimes for hand and dish washing. Food was basic but provided the necessary energy.

B. SECURITY

Prior to our departure for Sir Lanka the risk (from a security standpoint) for the team was unknown. The uncertainty of where we would be working in Sri Lanka coupled with the ambiguity of the situation on the ground meant that various security risks such as theft, crowd control, physical assault, etc. all had to be considered.

Once we arrived in Kallar it was immediately clear that the most pressing security issue would be crowd control. Most interaction with the local people was very friendly. Nevertheless, as is sensible with all relief work where boundaries have been broken, we put in place around the camp a symbolic physical boundary (indicated by green ribbon) in order to help provide the team with a certain amount of privacy as well as maintaining a space in which team supplies could be keep under close watch. The curiosity of the locals and most notably the children often resulted in large gatherings around the boundary of the camp. For the most part the boundaries were respected, however when people did enter the camp limits they were gently encouraged out of the boundary in a compassionate yet firm manner. The team members were acutely aware that our camp was established in the middle of a community and thus there was a fine line between imposing the boundaries of our camp and respecting the rights of the locals.

When team members left the camp site they followed a protocol of informing Matthew as to where they would be going and their expected time of return. In this way team members could be accounted for at all times. This was imperative in case an individual had to be contacted or if an emergency evacuation was necessary.

In order to get to some of the hospitals and clinics and shelter sites, the medics, engineer and others were required to travel through LTTE controlled zones. Although this did not provide any specific security threat, there were tensions running throughout the area and it was wise to be vigilant. This was again the case when the team was travelling back to Colombo.

Mid-week there were some tensions on one of the refugee camps – a fight broke out between some families which resulted in them being asked to leave the camp. Some of these families had young children and so Father John in keeping with his compassionate nature, allowed them to stay in one of the classrooms by the Catholic church. For most of the evening tension was high. Armed police were making their presence known in the community and many people were milling about especially gangs of teenage youths. Again there was no specific incident involving our team, but we were warned to be on the alert.

The twelve days in which the team was on the ground in Sri Lanka passed with no significant physical threat to the team members or supplies. Relations with the local people were extremely good and team members generally felt safe and secure.

“When we join together to save one of us who is in trouble or cry aloud for help in the hour of danger – only then do we learn that we are not alone on earth.”
Wind, Sand & Stars the autobiography of Antoine St Exupéry
The following are short reflections from different team members

Reflection 1
The devastation is frightening, some of the brick houses look as if they have been bulldozed – you have to imagine the force of the wave moving through here. I’m crouching down, I’m adjacent to one the houses that have been flattened, I’ve just found a small photo album, half buried in the sand, it is completely water logged - they’re family pictures, baby pictures.

Reflection 2
By the time we went to Sri Lanka, the scenes had been etched on our minds by 3 weeks of constant TV coverage. It was not until a visit to a village adjacent to a large Refugee camp, that the horror and cruel force of those waves struck me. It could have happened yesterday. Enormous blocks of brick rubble, whole walls pushed over, gate posts guarding the entrance to…what?. But it was the debris that moved me; a cooking pot, a polished and elegant metal jug, a child’s soft toy, brightly coloured fabric. Why had these not been retrieved? Why had someone not returned to collect these precious things? Were they all dead? And so many were. Everyone had lost someone – the young child, her younger three siblings; the woman – her husband and only son. How would she manage now? And the two girls in the camp, they had lost not only their homes, but also all their school books and pencils, and the school! How would they ever catch up with their education?

But – they will rise again! It will be difficult. The rumour of another Tsunami revealed the depth of their fear. Everyone is traumatised, and the fear is palpable.

But the will is there, and some like Father John , have the faith and the courage to think about the future. He refused refuge in the Bishop’s house, when his was destroyed, preferring to live with his people. He purchases rice, flour and lentils and distributes over 1200 food parcels every few days to his people who are refugees. He will give each family cooking pots – the first move to rehabilitation, and is planning housing at least for some. There are others like him, and it is these that we tried to encourage, and to stand alongside, because it is in the hands of people like Father John, and through his untiring and faithful service to his people that the future lies.

Reflection 3
Since getting back many have asked ‘how was it?’ I’m not exactly sure how to respond to that question, even though my answer each time has been ‘fantastic’!! It was a fantastic experience. As with many things in life, I feel like I’ve received much more than I could have possibly given. To see so much destruction is indeed harrowing and there were moments when the reality was heart breaking - listening to people tell their stories. But it was a privilege and an honour to be invited into peoples’ lives and to share with them even if only for a very short time. I hadn’t anticipated the warm welcome, the eagerness to laugh, the willingness to share and the solidarity that comes from a devastating shared experience. I think it does bring out the best in people; so many barriers that often divide communities seem to temporarily dissipate. And similarly the capacity to bring people and communities

together – it was only our second evening in Kallar when we were sitting around our camp at night with Father John laughing like old friends, and then again in Heathrow airport two weeks later meeting another team going to Kallar. It was the first time we had met them and yet the conversation was so easy. Rapport and friendship seem to come so easily. We do live in a small world that we share together and every once in a while there are moments that people are at their best. It gives me hope!

Reflection 4

"Gruelling but exciting" is the short version in answer to the question "what was it like?" That paradox has always been my experience of relief work. Sitting of an evening outside our tent, when the monsoon rains had stopped and the full moon was hanging over the palm trees 100 yards away along the beach, it was almost idyllic. The darkness hid the devastation of people's lives on the ground and people we had known but a week were laughing in friendship with us and in the companionship of a joint task. But then the quiet moment would be broken with the inconsolable screams then sobs of a child half waking from a nightmare in the refugee camp we were living beside and the reality of why we were there would come crushing upon us again. As a team we ensured that we all ate together, breakfast and dinner – lunch was more dissipated as we each went to our own work, but time together was important if for no other reason than to pool resources both in terms of skills and emotional balance.

Different things washed over each of us, and different moments caught us unaware. It was well towards the end of our stay after days of negotiating in the heat and days of listening to heartrending stories that I saw a scene which tugged at my heart in a moment I least expected it. I was standing on the edge of the destroyed village with no human being in sight, just standing quietly pondering the tasks for the rest of the day, when I saw one of the young orphaned boys of about 12. He had returned from the refugee camp alone to stake his claim to his family plot of land and was vigorously washing the clothes he owned and hanging them on the tree to dry. There was no other human being living here.

Despite moments like this, watching the village start to move from a place of human defeat and misery to a place of hope and spirit where lives could be rebuilt was hugely exciting and I cannot ever forget the courage of that young boy as well as so many others whose lives we were privileged to share for a short time.

Appendix A

ACTIVE LISTENING COURSE

AIM
To enable course participants to understand, to practice and to pass on to others the concepts involved in active listening, so as to develop a therapeutic relationship.

OBJECTIVES
To emphasise the importance of posture, attention, eye contact etc. in active listening.
To learn the skills of active listening. (patience, reflection, questioning, affirmation etc.)
To recognise and accept the need for self-care.
To recognise the common markers of grief, and place them in perspective.
To understand the common stages of grief.
To recognize the effect and symptoms of trauma.
To consider ways of anger management.
To explore ways of readjustment and of moving on.
To communicate the slow process of psychological/emotional/spiritual healing.

METHODOLOGY
The course will be participative, and will involve group work - working in pairs/small groups and where possible working with clients. Confidentiality will be emphasised, and the need to respect human rights and dignity.

SESSION 1
Aim: To raise awareness of the effort involved in listening, and to stress the need for self care.

Introduction of the team, and their credentials.
Group work, speaking, listening.
Plenary. Discussion of group work - How did it feel?
Self care, Essential, need to maintain within the bounds of confidentiality

SESSION 2
Aim: To provide context in which client can unload mental/emotional burden of trauma safely through active and skilful listening.

Listening skills. Full attention, open posture, patience, open questions, reflection, affirmation, paraphrase, etc.
Practice in pairs. Timed session of speaking/listening - putting above into practice.
The emphasis is on not to expect a solution, but to help unload the stress of trauma.

SESSION 3
Aim: To recognise trauma – its markers – so as to provide reassurance, and prevent fear of abnormality /madness.

Discussion of psycho somatic effects, flashbacks, nightmares, inability to sleep, hyperventilation, etc.
Acknowledgement that there may be limitations to ability to help.

SESSION 3a
Aim: To outline normal stages of grief following bereavement so client state can be located and affirmed.

Discussion of shock, grief, denial, anger, depression, adjustment.
Variability of duration of stages, and manifestation.

SESSION 4
Aim: To recognise trauma in children – its markers

a) Discussion of psycho somatic effects, nausea, disciplinary problems, nightmares, inability to sleep, etc.
b) Discussion on the value and practice of play therapy

SESSION 5 and 6
Aim: To practice skills, and assess progress, difficulties and shortcomings.

Pairs/ groups working with Refugees in controlled environment, listening to stories, and drawing out the emotional and mental stress.
NB Not intended as part of the therapeutic process for the clients.

SESSION 7
Aim: To highlight positive/negative aspects of the practical session in order to further the learning process.
a) Small group discussion, on experiences during the practice sessions.
Questions asked, reflection, body language of clients, how it felt to listen
Plenary session, with contributions from each group, and discussion of results. What was good and positive in the context of active listening, and what could have been done better?
b) Questions and concerns of the group.
What are the desirable qualities of a Counsellor?
Response – To be yourself (natural), kind, patient, respect confidence, non judgmental, and to respect boundaries.
Aim: To explore and explain Survivor guilt.
Reassurance, survivor guilt is natural but not necessary. Reflect on whether anything different could have been done at the time of the trauma. Nothing could have stopped it happening.

SESSION 8.
1. Aim: How to deal with anger to prevent violence.
Anger – natural part of response to trauma. Need to release in controlled and safe place, and to contain it to prevent outburst against family/community.

2. Aim: How to move on.
As part of the surviving world, there is a need to move on.
Making progress through time, memory, forgiving past wrongs, accepting pain, but finding meaning and challenge in the future. Overcoming fear of a repeat trauma, and looking ahead.

ACCOUNTS

	£
Income	**55,000**
Item	
10 x flights	4,500
2 vehicles and drivers for 12 days	700
local phone cards/local expenditure	500
food	300
secretarial help	1000
team training from Interhealth	135
funding for Psychotherapist to stay on	400
Equipment	
landrover	15,000
airshipping	5,600
tractor and trailor	4,000
generator/lights	500
medical supplies	7,000
pots and pans for whole displaced village	2,000
shelter project	1,000
Team equipment all left to the village	5,000
10 x waterproof ponchos	
10 x sleeping bags	
10 x mats	
10 x torches and batteries	
10 x personal first aid kits	
10 x mosquito nets	
10 x mosquito coil packs	
20 x 2 litre water bottles	
4 x tarpaulins/bashers	
200 litres of water jerkins	
40 litres of petrol jerkins	
pots/pans/kettles	
4 x multi-fuel stoves	
bowls/disinfectant	
padlocks/security systems	
plates/cups/cutlery	
tools eg saws/axes/mallets/spades	
tents 3 small, 2 family, 1 marquee/medical	
camera + memory	
General	
Telephone bills/report production	500
Total	**48,135**
Initial amount for follow up team	**6,865**

Approximately £25,000 of vehicle, medical supplies and equipment were given in addition to the above by Suppliers of Wind, Sand & Stars Ltd.

If you would like to sponsor a follow up team to Sri Lanka later in the year, then cheques can be made payable to: St Mary Islington PCC World Mission, St Mary's office, Upper Street, London N1 2XT. If you are a tax payer and would like the church to be able to re-claim the tax please write a note with your name, address and the date stating that you are a British tax payer.

WITH ENORMOUS THANKS TO

The whole team who turned their lives around in under a week in response to the Tsunami and the needs of survivors

Wind, Sand & Stars Ltd
Elizabeth Dempsey (office and operations manager)
Jay Rooney (marketing manager)

St Mary Islington, London
There are too many people who helped to mention everyone by name, but thank you for the sponsorship, the time and energy in researching/collecting equipment, the packing and inventories as well as the enormous amount of support and goodwill towards the venture – and for food parcels for the team as we came off the plane!

Churches across the nation
Again too many to mention by name but thank you for sponsorship and support

Individuals
Family and friends of the team who have been generous with finances and time

Queen Mary Hospital, London
For the soft toys, crayons and pads of paper for the work with children

Nomad Equipment and Medical Suppliers, London
For time, energy and generosity in ensuring the right supplies for the clinics and team

N Peal Ltd, London
For generous sponsorship and responding to an appeal to provide a tractor and trailer for the village of Kallar

Wilderness Expertise/Peter Harvey
For general advice, especially on security, and for loan of additional satellite 'phone and solar panels. Also for operating a 24 hour emergency telephone service for the team and their families

W Joyce Ltd, Trowbridge
For providing the Landrover for shipment with under 24 hours notice and generosity

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For all help with flights and the enormous amount of additional personal luggage weight which enabled us to take all the equipment and supplies with no delays or freight procedures here or in Colombo

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For all their help with vehicles, phones, contacts, general information and general help and support throughout in Colombo, Sri Lanka

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