

# **RELIEF ACTIVITIES FOR TSUNAMI VICTIMS IN TAMILNADU AND ANDAMAN & NICOBAR ISLANDS**

*Jointly Undertaken by*

## **MEDICAL SERVICE CENTRE BREAKTHROUGH SCIENCE SOCIETY**

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### **PRESS HAND-OUT**

#### **Introduction:**

The Tsunami wave that struck on 26 December, 2004 was a heart-breaking news to all well-meaning people of the world. The great loss of life and property demanded all out relief operation to prevent further loss of lives, to relieve the pain and sufferings of the affected, and to accelerate the process of rehabilitation.

The Medical Service Centre (MSC) and the Breakthrough Science Society (BSS) – two voluntary organizations – have a long experience of organizing relief work whenever any natural and man made disaster struck. Over the last two decades we have organized numerous relief camps, out of which those organized after Bhopal Gas Disaster (1983-84); Latur earthquake, Maharashtra (1993); Super cyclone, Orissa (1999); Destructive earthquake in Bhuj, Gujrat (2001); Massive floods in Assam, Bihar and West Bengal (1988, 2000, 2004) etc. are worth mentioning.

After the killer Tsunami, the two organizations mounted relief efforts jointly, with donations collected from students, research scholars and teachers of different educational and research institutes and huge amount of medicines collected from different pharmaceutical companies, organizations, physicians and public at large. In addition, we received substantial financial help from an organization of Indian students in the USA, called the Association for India's Development. Medical relief camps were set up in the affected regions of Tamil Nadu, Andhra Pradesh, Kerala and Andaman & Nicobar Islands soon after the Tsunami.

#### **SERVICES RENDERED – A SUMMARY**

**TAMIL NADU:** We have conducted base camp hospitals starting from 8 January, in Pudukkuppam and Chinnur in Cuddalore district, in Akkarapattai in Nagapattinam district and 30 mobile camps in the above districts and in Pondicherry.

**KERALA:** In Kerala, rescue and medical relief started within hours after the tsunami. Many mobile camps were run, which offered primary treatment and shifted patients to our permanent hospital whenever necessary. Ambulance service was also operated for a week in the Alleppey district.

**ANDAMAN & NICOBAR ISLANDS:** A 8-member medical team led by Dr Ashok Samanta, Vice-President, MSC, left for the Andaman and Nicobar Islands on 15 January 2005. With the kind cooperation of Mr. Manoranjan Bhakta (MP, A&N

Islands) and three local clubs, namely the 'Atul Smriti Samiti', the 'Government Employees' Federation', and the 'Vanvikas Empllyees Association', the MSC-BSS relief team visited far-flung areas and islands. Specialist physicians of the team treated the patients and distributed medicine.

**Drug Distribution:** Medicines and baby food worth Rs 45,00,000.00.

**Patients Treated:** More than 15,000.

**Team Strength:** About 35 doctors, 60 health workers and 100 social volunteers from West Bengal, Kerala, Karnataka, Gujarat and Delhi are rendering their relentless service day and night..

## **DISEASE PROFILE IN TAMILNADU AND KERALA**

Serial No.	Disease Category	Percentage
1	Orthopaedic , soft tissue injuri, blunt trauma, cuts etc.	30-40
2	Psychological trauma Insomnia, anxiety, depression, hysteria, etc.	20-30
3	Respiratory tract infections	40-60
4	Gastro-intestinal tract diseases	10-12
5	Others	10-15

### **Observations:**

1. Even though the affected areas are thickly populated, medical facilities available are negligibly small.
2. Even pregnant women are not getting adequate ante-natal care and are seemingly unaware of it.
3. Cases of malnutrition and problems including severe anaemia are seen mainly among women and children.
4. Sanitation facilities are poor. Common toilets are not yet established. The chance of epidemic is very high.
5. Health awareness is poor. Hygienic conditions are deplorable. In some places 98% of the inhabitants are observed to have symptoms of dust allergy.
6. General backwardness of education is a very noticeable feature.

### **Recommendations:**

1. The government should integrate, coordinate and facilitate all the relief and rehabilitation activities by mobilising all available forces and resources.
2. Adequate medical facilities should be provided by the government for the people in affected areas including opening new hospitals.
3. Adequate rehabilitation including supply of boats, nets, other means of livelihood, and rebuilding of the damaged and lost houses is to be made immediately.
4. The congenial atmosphere is to be created urgently for curing the psychological trauma, starting from counselling to creating opportunities for other engagements like reading, playing, amusements etc. in libraries, playgrounds, TV kiosks etc.
5. The government should create adequate infrastructure in affected areas for those who have become orphans, and also take precautions that unscrupulous

elements do not take advantage of the present situation to exploit women and children.

6. Facilities for basic education are to be created and strengthened so that the people of affected areas can come out of the present educational backwardness.
7. Programmes for improvement of sanitation, public awareness etc. should be taken up.
8. Preparing and implementing a master plan for the protection of the sea coast and local inhabitants from natural disasters like cyclones, tsunamis etc. involving concerned scientists and experts. Stricter zoning laws should be implemented.

## **RELIEF CAMPS IN THE ANDAMAN & NICOBAR ISLANDS**

Sl. No.	Date of visit	Name of the rescue camps at Andaman and Hutbay	Number of victims	Patients examined
1	15.01.05	Sr. Sec. School, Bathubasthi	365	44
2	15.01.05	Sr. Sec. School, School line	177	49
3	16.01.05	Chouldari	316	59
4	16.01.05	Loknath Pahard	143	64
5	16.01.05	Badmass Pahard	38	33
6	16.01.05	Lal Pahard	35	18
7	16.01.05	Hasmatabad	184	96
8	17.01.05	Sr. Sec. School, Haddo	568	99
9	17.01.05	Hope Town	200	141
10	17.01.05	FDPC colony		22
11	18.01.05	Wandoor No.1	110	99
12	18.01.05	Wandoor North		136
13	19.01.05	Kalinagar, Hutbay	2500	182
14	20.01.05	Onge Tikri - 1		16
15	20.01.05	Onge Tikri - 1		122
16	20.01.05	Harbindar bay	1299	11
17	20.01.05	Pancha Tikri	250	151
18	20.01.05	4 Kilometer		102
19	21.01.05	AHW Guest House Camp	206	67
20	22.01.05	Wandoor Camp No. 3		123
21	22.01.05	ITF Ground		185
22	22.01.05	New Pahard Gano		126
23	22.01.05	Wandoor Camp No. 8		77
<b>TOTAL</b>				2022

## **DISEASE PROFILE IN AFFECTED AREAS**

### **ANDAMAN & NICOBAR ISLANDS**

Total number of patients examined = 2022

Serial No.	Disease Category	Percentage	Details of Disease	Percentage	
				Adult	Child
1	Gastro-intestinal diseases	16.2	Diarrhea	3.8	2.2
			Other	8.0	2.2
2	Respiratory tract infection	30.6		16.0	14.6
3	Psychological trauma	11.4			
4	Injury	4.6		3.0	1.6

5	Anaemia and Vit. Deficiency	5.0		
6	Filerea	1.2		
	Malaria	0.6		
	Worm	4.2		
7	Viral fever	6.6		
8	Skin	8.0	4.8	3.2
9	Low backache	7.0		
10	Vertigo	5.6		

### **Recommendations for the Andaman & Nicobar Islands:**

After observing the conditions of the Tsunami victims in different camps, our medical team has made the following recommendations to the Govt. of Union Territory and its concerned departments.

1. There is difference between camps arranged in schools buildings and in open spaces in terms of the sanitation facility available. The sanitation systems in the open-air camps are in despicable state and urgently require improvement. Particularly, the Hutbay camps are running without any sanitation system. This may lead to breakout of epidemic.
2. Most areas of Hutbay are full of garbage and due to these dirty material; flies and mosquitoes are proliferating tremendously. It is now urgently required to remove the garbage and to bleach these places, particularly the areas surrounding the relief camps.
3. Water supply has been started through fire brigade, but these are badly maintained and are placed in open spaces. Measures should be taken to prevent a disaster through water pollution. Already we have found a few patients suffering from gastro-intestinal problems and diarrhoea. There may be a major outbreak if the precautionary measures are not taken seriously. Rainfalls will aggravate the situation.
4. Most of the people in these camps are not conscious about hygiene. Local administration should arrange to give them proper health-instructions immediately. Mobile medical teams should be organized to visit the relief camps daily for regular checkups and for preventive and curative measures.
5. Post-tsunami anxiety disorder of the affected people should be ameliorated through proper psychiatric counseling.

### **Scientific Observations at the Andaman & Nicobar Islands:**

1. In the Port Blair Island, the sea level has gone up by 4/5 ft, and at Hutbay by 3ft.
2. Deep sea flora and fauna are not greatly affected.
3. Most of the paddy fields (90%) are flooded by salt water. Agricultural fields near sea shore have been completely damaged due to saltwater intrusion. That will have adverse effect on the peoples' livelihood.
4. Villages behind Mangrove have not been affected much.
5. Fruits of Mangrove trees have been damaged due to the massive impulsive force of the Tsunami. In future, the loss of seed may destroy the Mangrove forest.
6. Soil erosion has started due to the breakdown of the waterfront dam in the earthquake and in the waves of Tsunami.

7. Even if salt water is drained out of the fields, they will still remain unproductive for 3/4 years.

It is now clear that the vast areas affected by the tsunami have undergone so enormous a change and the survivors are so helpless in all respects that it needs a serious and prolonged intervention on the part of the government and well-meaning organizations. But the measures taken so far are not sufficient in face of the mounting problems. We can promise on our part that we are ready to go anywhere with our service if the logistic and other support could be provided.

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