

4.2 Sri Lanka

4.2.1 Scope of the case study

The field visit to Sri Lanka took place from 28th February to 4th March 2005. The fieldwork included interviews in the capital Colombo and field visits to the Southern Province (Galle, Matara and Hambanthota). Due to the limited time available, it was not possible to visit the eastern provinces or the northern Tamil areas. As these provinces have the least resources, the response to the tsunami is likely to have been more limited than in the Southern Province. However, anecdotal information suggests that there exists a considerable degree of organisation within the Tamil LTTE held areas and that management and identification of the victims was conducted with some degree of efficiency. During the fieldwork I spoke to the following:

- Assistant Superintendent of Police, Galle
- Director of the General Hospital, Matara
- Medico-Legal Medical Officer, Base Hospital, Hambanthota
- Chief coroner, Hambanthota
- Protection Coordinator, International Committee of the Red Cross
- Deputy Epidemiologist, Surveillance and Protection, Ministry of Health Colombo
- Assistant Epidemiologist, Coordinating Officer for Hambanthota District, Ministry of Health
- Director Tertiary Care Services, Operating Room, Hambanthota
- Medical Officer, Centre for National Operations, Colombo
- Director of Information, Health Ministry Web site
- Head Central Mortuary, Colombo

4.2.2 Context

The population of Sri Lanka is approximately 19 million. About 70% are Buddhist, 16% Hindu, 7% Christian and 7% Muslim. For over 20 years there has been a civil war between the Sri Lankan Government and the Liberation Tigers of Tamil Eelam (LTTE). The LTTE holds areas in the north of the country and has a presence in many of the eastern provinces.

Following the tsunami, the President established the Centre for National Operations (CNO) in Colombo. This ad hoc body had the role of coordinating rescue and relief operations. The CNO was made up of staff from several government ministries including the Ministry of Health.

However, the tsunami had damaged much of the communications infrastructure , making it difficult to communicate with the affected areas in the first few days. Therefore, although the CNO had made recommendations that the dead should not be cremated and that photographs of cadavers should be taken before burial, it was not possible to communicate this message for several days.

Like many countries, the 26th December is a public holiday in Sri Lanka. Therefore many people were on holiday when the tsunami struck and the emergency services had minimal staff available to respond.

4.2.3 The impact of the tsunami in Sri Lanka

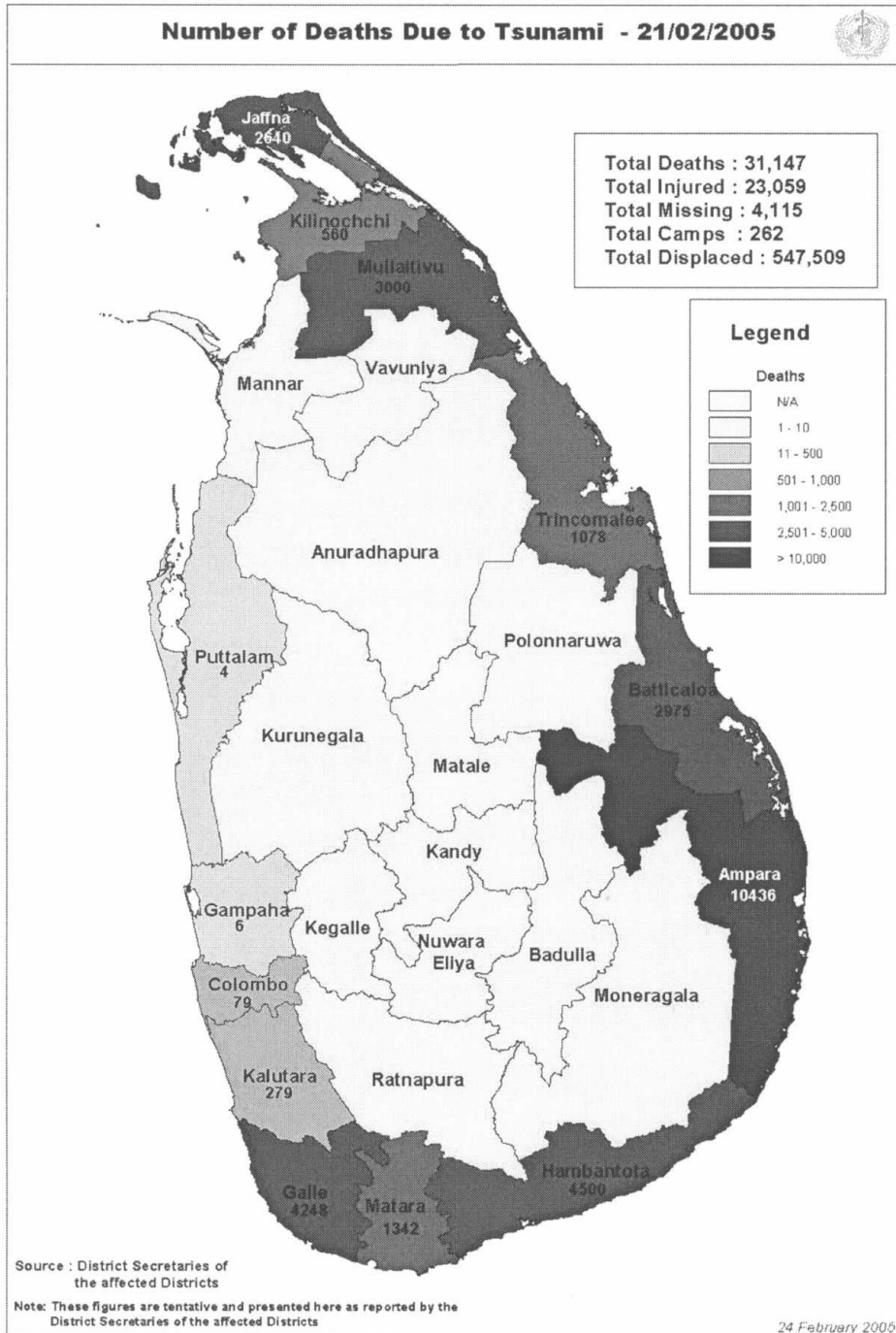
A large part of the coastal area of Sri Lanka was affected, with the East and Southern coast experiencing the largest number of deaths (Map 2). The highest death toll was in Ampara on the eastern coast, followed by Hamanthota and Galle in the south (Table 3).

Table 3. Number of dead and missing victims in Sri Lanka as of 14/02/2005

District	No. of deaths	No. of missing people
Ampara	10,436	161
Hambanthota	4,500	1,341
Galle	4,248	564
Mullaitivu	3,000	421
Batticaloa	2,975	346
Jaffna	2,640	540
Matara	1,342	608
Trincomalee	1,078	45
Killinochchi	560	0
Kalutara	279	69
Colombo	79	12
Gampaha	6	5
Puttlam	4	3
Total	31,147	4,115

Source: Ministry of Health of Sri Lanka

Map 2 Number of deaths due to the tsunami in Sri Lanka, 21/02/2005



4.2.4 Management of the dead

Recovery of the bodies

Recovery was largely done by local communities. In the days that followed the tsunami, increasing assistance was given by the police and military. Although the majority of dead bodies were recovered within the first few days, a small number of bodies were still being recovered in areas where flood water was receding at the time of the field visit.

Transfer and storage of cadavers

In most locations, the bodies were taken to the local hospital or health centre. In some cases this was in the hope that the victim could be resuscitated. However, mostly this was because it is normal practice in Sri Lanka to take the deceased to the hospital for issuance of a death certificate. The large number of bodies was stored outside, usually in an open area at the back of the mortuary (Image 7). While some of the larger hospitals within Sri Lanka have mortuary facilities including refrigeration, there was insufficient cold storage and attempts to find refrigerated containers were unsuccessful. In other areas, ice was not available because the ice-making factories had been damaged by the tsunami. In Galle hospital formaldehyde solution was sprayed onto the victims in an attempt to reduce the rate of decomposition, with limited success. Unlike local victims, the bodies of foreigners were placed in mortuary refrigeration units or embalmed and sent to the central mortuary facilities in Colombo for examination by international forensic pathologists.

Image 7. Bodies stored in the open air outside a mortuary, Sri Lanka



Photograph: Ambanagae Saman

Identification of the victims

The day after the tsunami a meeting between the Ministry of Health and the Judicial Medical Officer in Colombo concluded that:

- Victims who were identified should be handed over to relatives for burial
- Foreign victims should be sent to Colombo
- Unidentified victims should be photographed, fingerprints taken and personal affects recorded.

Because communications were disrupted, these instructions were sent with epidemiologists from the MoH in Colombo on the 27th December. A relatively large number of victims were successfully identified by visual identification, often by relatives going to the hospitals immediately after the disaster. No special viewing arrangements were provided for the families and they typically had to search through all the corpses (Image 8).

Image 8. Relatives searching through the bodies, Sri Lanka, 27th December 2004



Photograph: Ambanagae Saman

In most of the affected areas photographs of unidentified victims were taken. This was largely managed by the police, who are normally required to gather photographic evidence in the event of an accident or disaster. In almost all instances, the photographs were taken two to three days after the disaster. A